V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-0
County Trederick Within	Registration Dist. No. 131
Village or City Frederick "Orpora	No. 341 M. Patrickst Ward
Length of residence in city or town where death occurred 62 yrs 6 mos	f death, occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Storage Washington Ob	icel X If U. S. Veteran, specify WAR More
(a) Residence: No. 1341 m. Patrick	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) The second of the	21. DATE OF DEATH Dec 2 , 193 7 . (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WHITOI Mahala J. Wrech	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 11th 1873	I lest saw hand alive on 2 Nov 1937 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8 50 a.m.
64 6 21 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, Sawyer, BDOKKEEPER, etc.	Cardio-Murralar
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	2 Auxifficer 1934
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. thdustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	valbular Hear Window 1937
10. Date deceased last worked at this occupation (month and 1931 spent in this 35 year)	
12. BIRTHPLACE (city or town) Trederick	Other Centributery Causes of Importence:
(State or country)	
13. NAME Luther Tobrech	
13. NAME Duther Weech & 14. BIRTHPLACE (city or town) Frederick	Name of operation Date of Date of
(State or country)	What test confirmed diagnosis due 0 - Was there an eutopsy? NO
15. MAIDEN NAME Elija Thipley  16. BIRTHPLACE (city or town) Treduced  (State or country)	23. If deeth was due to externel causes (VIOLENCE) fill In elso the following:
5 16. BIRTHPLACE (city or town) Trederical	Accident, suicide, or homicide? Dete of injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT Jorge takeely  (Address) Fridank med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL The devices and 4th	Manner of Injury
Place MI Otto Cery Date Ole 17, 193	Nature of Injury
19. UNDERTAKER Cololling Hon	24. Was disease or injury in any way related to occupation of deceased?
(Address) Frederick mad	If so, specify
20. FILED 3. Dec 1937 Ira McCurly	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Blogali V C			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

- <del>V</del>	STATE OF MARYLAND—	CERTIFICATE OF DEATH 12958
7	1. PLACE OF DEATH	- ATD
000	county Foldrick	Registration Dist. No. 154
	Village or City Mlan Emmitshing H	M.A. No. St., Ward
5	/ (H	death occurred in a hospital or institution, give its NAME instead of street and number)
		ds. How long In U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Thaward famils Wa	lame. If U. S. Veteran, specify WAR
statement.	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
. Exact	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 5 (Day) (Year)
	5a If married widowed Ar divorced	
	HUSBAND of Laure and and	1936 to
	6. DATE OF BIRTH (month, day, end year) Gasa 15. 1867	I list sew have alive on 197 ; death is said
cat	7. AGE Yeers Months Deys If LESS than	to have occurred on the date stated above, et 4 - P. m.
certificate	70 3 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
-	8. Trade, profession, or particular	Hypertensing earding visseuls Pata of onsot
of	SAWYER, BOOKKEEPER, etc.	/ disease
hack	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	arteriosclerosis 1 Tago
ı K	O 10 Date decreased last worked at 11 Total time (weers)	0000000
	this occupation (month end 1930 spent in this 40 occupation 40	Coural remorrhage 1931
instructions o	12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
proof.	(State or country) Foldrich Co. Md	
terms,	13. NAME John 7, agards.	
	14. BIRTHPLACE (city or town) falm Adams	Name of operation Date of
13	(State or country) Filedrich On Md	What test confirmed diagnosis? Clinical expanse Was there an autopsy?
important.	15. MAIDEN NAME admil Papples	23. If death was due to external causes (VIOLENCE) fill in also the following:
ort	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
imp	(diese of country) adams co. /a;	Where did injury occur?(Specify city or town, county and State)
very import	17. INFORMANT A CONFUED AND HE	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Ve	18. BURIAL, GREMATION, OR REMOVAL	Manner of injury
N is	Place Exmandellering Date by lu 7, 1987	Nature of injury
Tron	19. UNDERTAKER & L. Allians	24. Was disease or injury in any way related to occupation of deceased? 740
	(Address) Samuelaling, Md.	If so specify
	20. FILED ACT /1937 716 de Shrell	(Signed) W.R. Caste M.D.
	Regiliar.	(Address)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
14M 4 1935 11			
Other contributory causes of importance: S		Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis	1 year
Total Control of the	:=/		
			secondary.

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I MAN O			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

PLACE OF DEATH County Literal County	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City. Huckling M	1. PLACE OF DEATH	(1947)
Village or City. Huckling M	County Frederick	Registration Diet No. 131
Langth of residences in city or town whose death occurred.  Langth of residences in city or town whose death occurred.  (a) Residence: No. Mallie Mark Sale Sale Sale Sale Sale Sale Sale Sale	of. 1. 1 11 2 - C/1	
2. FULL NAME PLANAL information of the control of t		f death occuped in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. Judius M. R. J. J. St., Ward.    Honoresident give city or towns and Shale		
(a) Residence: No. Judius M. R. J. J. St., Ward.    Honoresident give city or towns and Shale	2. FULL NAME Flewale infant Baer	If II S Veteran specify WAR MA
PERSONAL AND STATISTICAL PARTICULARS  J. SEX  4. COLOR OR RACE  6. SINGLE, MARNED WHOWED  6. DATE OF DEATH  2. DATE OF DEATH  (Month) (Day)  193.  (Worth)  6. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  8. DATE OF BIRTH (month, day, and year)  9. DATE OF BIRTH (month, day, and year)  10. Date of cases  11. SAW MILL, BARK, alc.  10. Date deceased last worked of this eccupation (month end year)  9. J. Modern of business in which  10. Date deceased last worked of this eccupation (month end year)  10. Date deceased last worked of this eccupation (month end year)  11. Total tima (years)  12. BIRTHPLACE (city or town)  13. NAME AVAILAGE  14. BIRTHPLACE (city or town)  15. MINDEN NAME CLASSES  16. BIRTHPLACE (city or town)  16. SIRTHPLACE (city or town)  17. INFORMANT  18. BURIAL, CREATING AND DATE OF LOW COLUMN (Address)  18. BURIAL, CREATING AND DATE OF LOW CARREST (Address)  18. BURIAL, CREATING AND DATE OF LOW CARREST (Address)  19. UNDERTAKER AND LANGE AND LANGE AND LANGE (Address)  19. UNDERTAKER AND LANGE AND LANGE (Address)  19. UNDERTAKER AND LANGE AND LANGE AND LANGE (Address)  19. UNDERTAKER AND LANGE AND LANGE AND LANGE (Address)  19. UNDERTAKER AND LANGE AND LANGE AND LANGE (Address)  19. UNDERTAKER AND LANGE AND LANGE (ADDRESS)  19. SAM OF LANGE	H. 1 1 10 4 10 1	
2. BRTHPLACE (city or town)  13. INAME AUXILIA ANAME PARTY IN THE I I I I I I I I I I I I I I I I I I I		
Activate White  OR DEFORCED write the word)  103  103  104  105  105  107  108  108  109  109  109  109  109  109	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Se. If married, whow divided or divorced (cr) WIFE of (cr		21. DATE OF DEATH
56. It married, widowad, or divorced HISBADD  HISBADD  AND CERT I FY. That I attended doceased from  13 to 1/1/2/3019-7  6. DATE OF BIRTH (month, day, and year) LRC. 30 - 19.37  7. AGE Years Months Days If LESS than  Iday, hrs.  or 15 min.  8. Trade, profession, or particular  kind of work done, as SPINNER,  SAVER, BOOKEEPER, at  year as follows:  9. And the saddle as SPINNER,  SAVER BOOKEEPER, at  year as follows:  9. And the saddle as SPINNER,  SAVER BOOKEEPER, at  year as follows:  9. And the saddle as SPINNER,  SAVER BOOKEEPER, at  year as follows:  9. And the saddle as SPINNER,  SAVER BOOKEEPER, at  year as follows:  9. And the saddle as SPINNER,  SAVER BOOKEEPER, at  year as follows:  9. And the saddle as SPINNER,  SAVER BOOKEEPER, at  year as follows:  9. And the saddle as SPINNER,  SAVER BOOKEEPER, at  year  year as follows:  9. And the saddle stated above, at  year.  9. And the stated above, at  year.  10 the second set work on  year  year as follows:  11 It as saver at the date stated above, at  year.  12 Is BRTHPLACE (city or business in which  year year  year as follows:  13. NAME AND LIVE AS SPINNER,   And LIVE STANDAR AND STATE  What test confirmed diagnosis?  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  Year  Years  Year	Kennale White OR DIVORCED (write the word)	193
HUSBAND of (or) Wife of  6. DATE OF BIRTH (month, day, and year) Dec. 30 - 9 37  7. AGEYears		(Month) (Day) (Year)
8. DATE OF BIRTH (month, day, and year) Dec. 30 - 19 37 7. AGE Years Months Days If LESS than 1 day	HUSBAND of	22. HEREBY CERTIFY, That I attended deceased from
7. AGE Years Months Days If LESS than I dayhrs. orhrs.		19 , to Sert 12-3019-37
8. Trade, profassion, or particular kind of work dome, as SPINNER, SAWYER, BONKEPER, atc.  9. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, atc.  10. Date deceased lest worked of this occupation month end exceptation.  12. BIRTHPLACE (city or town) Manyland, (State or country) (State or country) (State or c	6. DATE OF BIRTH (month, day, and year) Dec. 30- 1937	I last saw to the describe the last said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWER BOOKEEPER, atc.  9. Industry or business in which work was done, as SPINNER, SAW MILL, BARK, atc.  10. Date decessed lest writed et this occupation (month end year)  12. BIRTHPLACE (city or town) Manyland.  13. NAME Willia Wingigles  14. BIRTHPLACE (city or town) Manyland.  (State or country)  15. MAIDEN NAME PLANE William Was planed.  (State or country) Manyland.  16. BIRTHPLACE (city or town) Manyland.  17. INFORMANT Accident, suicide, or homicide?  (State or country) Manyland.  18. BURNAL CREMTHON OR BROWN.  Piece May Date of Injury Neture of Injury.  Piece May Date of Injury Neture of Injury.  19. UNDERTAKER CANAL TAME Accident, suicide, or homicide?  20. FILED D. D. D. L. 1927 D. A. M. C. Suicides  19. UNDERTAKER CANAL TAME Accident, suicide, or homicide?  21. Wes dissessor injury in eny way related to occupation of decessed?  22. Wes dissessor injury in eny way related to occupation of decessed?  23. Wes dissessor injury in eny way related to occupation of decessed?  24. Wes dissessor injury in eny way related to occupation of decessed?  25. Wes dissessor injury in eny way related to occupation of decessed?  26. Wes dissessor injury in eny way related to occupation of decessed?  27. Wes dissessor injury in eny way related to occupation of decessed?  28. Wes dissessor injury in eny way related to occupation of decessed?  29. Wes dissessor injury in eny way related to occupation of decessed?  20. FILED D. D. L. 1927 D. A. M. D. C. C. Signed)  20. FILED D. D. L. 1927 D. A. M. D. C. C. Signed)  21. C. G. G. C.		
8. Trade, profession, or particular that of work does as SPINNER, SAWYER BOOKKEPER, atc.  9. Andwart or business in which work was done, as SILK MILL, SAMYER BOOKKEPER, atc.  10. Date deceased lest worked et sont in which socupation (month end year)  11. Total time (year)  12. BIRTHPLACE (city or town) Manyland.  13. NAME Millia Winyligler  14. BIRTHPLACE (city or town) Manyland.  15. MAIDEN NAME Destry W. Roberts.  16. BIRTHPLACE (city or town) Manyland.  17. INFORMANT Manyland.  18. BURLAL, CREMTHOLOG, Ethiour M. Date		ware as follows:
12. BIRTHPLACE (city or town) Manyland.  13. NAME Willis Winylight.  14. BIRTHPLACE (city or town) manyland, (State or country) manyland, (Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  17. INFORMANT (Address) manyland, (Address) manyland, (Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  18. BURIAL CREMANON, OR PRIMOUND Date place, 30 1937. Neture of Injury Manner of Injury Neture of Injury.  19. UNDERTAKER Carral Tarral Land, (Address) manyland, (Address) manyl	8 Trade profession or particular	Date of onset
12. BIRTHPLACE (city or town) Manyland.  13. NAME Willis Winylight.  14. BIRTHPLACE (city or town) manyland, (State or country) manyland, (Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  17. INFORMANT (Address) manyland, (Address) manyland, (Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  18. BURIAL CREMANON, OR PRIMOUND Date place, 30 1937. Neture of Injury Manner of Injury Neture of Injury.  19. UNDERTAKER Carral Tarral Land, (Address) manyland, (Address) manyl	SAWYER, BOOKKEEPER, atc.	Mufforalem
12. BIRTHPLACE (city or town) Manyland.  13. NAME Willis Winylight.  14. BIRTHPLACE (city or town) manyland, (State or country) manyland, (Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  17. INFORMANT (Address) manyland, (Address) manyland, (Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  18. BURIAL CREMANON, OR PRIMOUND Date place, 30 1937. Neture of Injury Manner of Injury Neture of Injury.  19. UNDERTAKER Carral Tarral Land, (Address) manyland, (Address) manyl	9 Industry or business in which work was done as SILK MILL	0,100
12. BIRTHPLACE (city or town) Manyland.  13. NAME Willis Winylight.  14. BIRTHPLACE (city or town) manyland, (State or country) manyland, (Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  17. INFORMANT (Address) manyland, (Address) manyland, (Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  18. BURIAL CREMANON, OR PRIMOUND Date place, 30 1937. Neture of Injury Manner of Injury Neture of Injury.  19. UNDERTAKER Carral Tarral Land, (Address) manyland, (Address) manyl	SAW MILL, BANK, atc.	Brank Leve about 10 5 15
12. BIRTHPLACE (city or town) Musupland  (State or country)  13. NAME Willis Winylight  14. BIRTHPLACE (city or town) May largely  (State or country) May largely  15. MAIDEN NAME Public Wing Country) May largely  16. BIRTHPLACE (city or town) May largely  (State or country) May largely  17. INFORMANT Ruif N. Baer (State or country) May largely  18. BURIAL, CREMATON OF PROMUTE THE RUIF Society with the following place of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. UNDERTAKER CAMAL Fungley Home  (Address) Ruifing May largely May largely la	- I should the state of the sta	Isramula .
12. BIRTHPLACE (city or town) Manyland Manuelland Manue	year) occupation	Other Contributory Causes of Importance:
13. NAME Willis Winylight   14. BIRTHPLACE (city or town)   Manyland   What test confirmed diagnosis?   Was there an autopsy? We was the or an aut	12. BIRTHPLACE (city or town) Mayland.	
What test confirmed diagnosis?  Was there an autopsy? LLD  16. BIRTHPLACE (city or town) (State or country)  What fest confirmed diagnosis?  Accident, suicide, or homicide?  Date of Injury.  Specify city or town, county and State)  Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.  (Address)  Was there an autopsy? LLD  23. If daath was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.  Was there an autopsy? LLD  24. What test confirmed diagnosis?  Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.  Was disease or injury  Neture of injury.  19. UNDERTAKER Contract furners before  (Address)  Neture of injury  Neture of injury in eny way related to occupation of deceesed?  U.S.  (Signed)  (Signed)  (Address)  Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whether Injury occurr?  (Specify city or town, county and State)  Specify whether Injury occurr?  Namer of Injury  Neture of injury  Netur	(State or country)	Mostentien Corclers rom
What test confirmed diagnosis?  Was there an autopsy? LLD  16. BIRTHPLACE (city or town) (State or country)  What fest confirmed diagnosis?  Accident, suicide, or homicide?  Date of Injury.  Specify city or town, county and State)  Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.  (Address)  Was there an autopsy? LLD  23. If daath was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.  Was there an autopsy? LLD  24. What test confirmed diagnosis?  Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.  Was disease or injury  Neture of injury.  19. UNDERTAKER Contract furners before  (Address)  Neture of injury  Neture of injury in eny way related to occupation of deceesed?  U.S.  (Signed)  (Signed)  (Address)  Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whether Injury occurr?  (Specify city or town, county and State)  Specify whether Injury occurr?  Namer of Injury  Neture of injury  Netur	13. NAME Willis Wingles.	
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 weck ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago BEREAU Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

V. S. No. 1

County Village as City Teacher And State Personal Langth of residence in city or town where death occurred 10 yrs. models occurred in a barput or inentiation, give in NAME intended of steet and number?  Length of residence in city or town where death occurred 10 yrs. models occurred in a barput or inentiation, give in NAME intended of steet and number?  Length of residence in city or town where death occurred 10 yrs. models occurred in a barput or inentiation, give in NAME intended of steet and number?  Length of residence in city or town where death occurred 11 yrs. models occurred in the city or town and Steate Personal Land State Perso		OF MARYLAND-	-CERTIFICATE OF DEATH 12	961
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Other Catributer Cause of Importance:    State or country		11. Total time (years)		
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(State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL  Place  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER  19. UNDERTAKER  19. A Country  19. UNDERTAKER  19. A Country  19. UNDERTAKER  19. A Country  19. Country  1	12. BIRTHPLACE (city or town) Rear	sorlle.	Other Contributer Causes of Importance:	
14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or fown) (State or country)  17. INFORMANT  (State or country)  18. BURIAL, CREMATION, OR REMOVAL  Place  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. INFORMANT  (State or country)  Name of operation  Whet test confirmed diagnosis?  Wes there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Dete of injury  Where did Injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  Manner of Injury  Nature of Injury  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Signed)  (Signed)		ra.		
14. BIRTHPLACE (city or town)  State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or (own))  (State or country)  17. INFORMANT  Place  Place  18. BURIAL, CREMATION, OR REMOVAL  Place  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. FILED  20. FILED		agenx		
What test confirmed diagnosis? Wes there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or fown) (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL Place  18. BURIAL, CREMATION, OR REMOVAL (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. Mainer of Injury  10. Undertaker  (Address)  10. Undertaker  (Specify city or town, country and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Nature of Injury  19. UNDERTAKER  (Signed)  (Signed)	I IA PIRTURI ACE (situ on town)	1	Name of apprehim	
15. MAIDEN NAME Clipabeth Works 16. BIRTHPLACE (city or fown) (State or country)  17. INFORMANT Color W. Baccal Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL FLACE Date Color of Injury.  19. UNDERTAKER Color Color of	(State or country)	fa	The same of the sa	>
Where did Injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Place  Place  (Address)  Manner of Injury  Nature of Injury  Nature of Injury  Nature of Injury  19. UNDERTAKER  (Address)  Manner of Injury  Nature of Injury  Nature of Injury  If so, specify  (Signed)  (Signed)	15. MAIDEN NAME ELISAL	If menter of		
Where did Injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Place  Place  (Address)  Manner of Injury  Nature of Injury  Nature of Injury  Nature of Injury  19. UNDERTAKER  (Address)  Manner of Injury  Nature of Injury  Nature of Injury  If so, specify  (Signed)  (Signed)	1	100000		
17. INFORMANT Of W. Bagen Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Freduce Frederical Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury Nature of Injury  19. UNDERTAKER Of Cline For Manner of Injury In any way related to occupation of deceased?  24. Was disease or injury In any way related to occupation of deceased?  16 so, specify (Signed)	O 16. BIRTHPLACE (city of lower)	10		, 19
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Treduce And American Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Nature of Injury  19. UNDERTAKER Of Occupation of deceased?  (Address) Treduce And  (Address) Treduce And  (Signed)  (Signed)  (Signed)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Treduce And  (Address) Treduce And  (Signed)	0.1	12- 8	(Specify city or town, county and State	.)
18. BURIAL, CREMATION, OR REMOVAL & FREDERICK S. 1937  Place Defection of Address S. 1937  19. UNDERTAKER & C.	17. INFORMANT JOHN	Jagent	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
Place Put Oliver Care Date Dele 31, 1937  Nature of Injury  19. UNDERTAKER 6 to Cline Long (Address) The Runce of Manner of Injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)	- January	The Ministry		
19. UNDERTAKER 6.6.6 Cline of a 24. Was disease or injury in any way related to occupation of deceased?  (Address) The lines of the Control of Signed)  (Signed)	Z.VA' VA	10 200 Ale 3/ 10.34		
(Address) Televice org.  If so, specify  (Signed)  (Signed)	1 (- 1	0	- Nature of Injury	
20. FILED 30- Dec, 1937 Ira J. Mc Curdy (Signed)	19. UNDERTAKER GE-GE	une Hoy	24. Was disease or injury in any way related to occupation of deceased?	200
20. FILED JU - SEC., 19-3 J V.Ca	(Address) The de	nex ond.	If so, specify	
	20. FILED 30- Wec 1937 92	a t. Mis Curde	(Signed)	N
	, , , , ,	Registra	(Address) VEau	14.8

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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matton should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-WANTE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Reduck	Registration Dist. No. 13
Willage or City Frederick	No. Trellund City borgs stat Ward
Length of residence in city-or town whara death occurredyrsmo	If death, occurred in a hospital or institution, give it NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds
1000	
2. FULL NAME John 6 Baken	If U. S. Veteran, specify WAR
(a) Residence: No. Missing (b) (Usual place of abode)	St., Ward. Union telle . U.d. 15 Co. M. J. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX  4. COLOR OR RACE  5. SANGLE, MARRIED, WHOWED, OR BY ORGED (write the word)  Russe d	21. DATE OF DEATH  (Month)  (Defy)  (Yeer)
HUSBAND of (or) WHEE of Mr. May & Baker	22, I HEREBY CERTIFY, Thet I attended deceased from
10.010	I last saw has alive on 1936, to 1937; daath is sale
5. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Days  If LESS than	to have occurred on the date stated above, a 3:00 /m.
68   18   1   18   1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Refried James	
9. Industry or business in which	Carcinosis af prostate Up.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and 1919 spent in this 24	
yaar) occupation O Q	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Frederich Co	
(State or country) md.	_
13. NAME William H. Baker	
(Stata or country)	Name of operation
(State of Country)	Whet test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Fanne Mis Faune	23. If death wes due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Farme Mus Fauna  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicida, or homicide?
17. INFORMANT/M. Duy E. Bakys	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 BIIDIAI OPENATION OF DEMONST - FIRST IN LA MA &	Mannar of Injury
Plan ingamore anty Date Dec 9, 1937	Nature of injury
19. UNDERTAKER 6.M. Walty (Address) Track Mod	24. Was disaase or injury in any way related to occupation of deceased?
20. FILED 7- Nec, 1937 Ira M- Gurdy Registrat.	(Signed) B. O. Hondon M. (Addrass) Fredorick MA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis The D	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 1939	July 5,1927	Peritonitis	3 days ago	
V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING -WRITE PEAINLY, WITH

TION is very important. See instructions on back of certificate.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Trederick Bornelan	Registration Dist. No. 13
To a T	of shancy Hospital (Quelouis) Word
Village or City // Onlewel Com	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?mos,ds.
2. FULL NAME Porsh, Dertha Darg	W If U.S. Veteran specify WAR
(a) Residence: No. 14 S. Del, Cemp Brushs	cersto Md Ward.
Within Co. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Lecember 5 193 7 (Month) (Day) (Year)
Sa. If married, widowed, or divorced	(Month) (Day) (Teal)
(or) WIFE of Hawarel Barger	22. PI HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 24- Mile - 1899	I last saw held alive on Deel 5, 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10, 30 C.m.
38 9 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Clarke Vellow
9. Industry or business in which	atrophy of liver hours
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	with Both ter ance 20-3
11. Total time (years) this occupation (month and year) year)	
no d	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town)	premicions vomiting
(State or country)	foregency J Ost. 15
13. NAME The se Ornstard  14. Birthplace (city or town)	0 1 7
14. BIRTHPLACE (city or town)	Neme of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sonore Lech lighter	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)  (State or country)	Where did injury occur?
P 1. 11'001 1 P.	(Specify city or town, county and State)
17. INFORMANT auline Vellebrand A. M.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Emergancy Kaspital  18. BURIAR, CREMATION OR REMOVAL	
Tarkfrights Brok md Date Dec 8 , 1937	Manner of injury
193-1	Nature of injury
19. UNDERTAKER C. W. + sule & Son	24. Was disease or injury in any way related to occupation of deceased? Zeo
(Address) Ruman & Mal	If so, specify
20. FILED 6- Au , 1937 Amlande Registrar.	(Signed) 30 The area M. D.  (Address) Frankersk 22
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	1	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

# PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. AGE should be stated EXACTLY. properly classified. See instructions on back of certificate. SACSE OF DEATH in plain terms, so that it may be

matin should be carefully supplied. INLY, WIT

TION is very important.

MARGIN RESERVED FOR BINDING

V. S. No. 1 B ż

			OF MARY	LAND-	CERTIFICATE OF DEATH	2964
1	. PLACE OF DE		10	) 1	(93-0)	1
/	County Fre		(CC)	ut.	Registration Dist. No. / 8	1
	Village or City V			yrs, ? mo	No. rederick Co. Emergency St., of death occurred in a horpital or institution, give its NAME instead of street and s	number)
2					wlus If U. S. Veteran, specify WAR None	
-					St., Ward.	
	(a) Residence: No.	redericles	Co (Usual place o	f abode)	Jf conresident give city or town and	State
	PERSONAL A				MEDICAL CERTIFICATE OF DEATH	
3. S		lor or RACE hite	5. SINGLE, MARK OR DIVORCED	1ED, WIDOWED, (write the word)	21. DATE OF DEATH DEC 19	, 193
5a.	If married, widowed, or d	ivorced			(month) (bay)	(Year)
	(or) WIFE of Ste	phen R.	Bowlus		22.   HEREBY CERTIFY That I attended	deceased from
		Λ = -	no et on	1000	Ust 6 ,1937, to 20 20 19	
6. D	DATE OF BIRTH (month,	1			to have occurred on the date stated above, at 155 G.m.	; death is sald
1. A	75	Months 3	Deys	If LESS than  1 day,hrs.		
1				ormin.	were as follows:	Data of onset
NO	8. Trade, profession, or kind of work don SAWYER, BOOKK	e, as SPINNER,	Housewif	e e	10	12.37
F	9. Industry or business	In which			· Warnes My Courains	17.26
OCCUPATION	work was done, a SAW MILL, BANI	s SILK MILL, K, etc	At Home			-
Ö	10. Dete deceased last ve this occupation (r	worked et	11. Total tir spen	ne (years) tin this 50		
1	year)	0/.	occuj	oation	Other Contributary Causes of Importance:	
12.	BIRTHPLACE (city or tow	n)		**	Other Continues of Importance.	
. 1	(State or country)	8/	7Land		Lestero Selerosio	1920
FATHER	13. NAME OLIVE	r Boyer				
AT	14. BIRTHPLACE (city or	town)			Neme of operation	
-	(State or country	/	yland		What test confirmed diagnosis? Was there an	autopsy?_2
HER	15. MAIDEN NAME	Manzella	Rice		23. If death was due to external causes (VIOLENCE) fill in also the following	g:
MOTHER	16. BIRTHPLACE (city or (State or country		yland		Accident, suicide, or homicide? Dete of injury Where did injury occur?	
17.	INFORMANT Mr.		vilus ville, Mo		(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) ACE.
18.	BURIAL, CREMATION, OF Place Jeffer		E. Cemet	ery,,1937	Menner of injury	
19.	UNDERTAKER Me. (Addiess) Fre	R. Etchi derick,	son & So	n	24. Was disease or injury in any way related to occupation of deceased?	220
20.		. 1937 Inc	- Jme	Ludy Registrar.	(Signed) Dollars 22000 (Address) Turderuck	2_M.p.
-		7.0	11 1			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BRAUVS				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
						The state of the s

TION is very important. See instructions on back of certificate.

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-7.	艺	41	Pr	0	1
A	4	0	U	1	1

1. PLACE OF DEATH	(alt.P)
County Treelinek	Registration Dist. No. 147
Village or City Plusse no Four	No. St Word
(If death Length of residence In city or town where death occurredyrsmos	h occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U. S. If of foreign birth?
2. FULL NAME Harry Brown	
na de la companya del companya de la companya del companya de la c	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 21.	DATE OF DEATH No. 17 7
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Sulea Brown 22.	HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jame 28 1883	1907, to 000, 1907
7 107	have occurred on the date stated above, et 2:00/m; 19.2 f; death is said
14 1 19 1 day,hrs. Th	PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade profession or posticular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. Lunch Oromo [	Throng Allali MKlar
9. Industry or businass in which	Enlanced Sala At
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Died - Branch -
O 10. Oate deceased last worked et this occupation (month and year)	Comp.
12. BIRTHPLACE (city or town) Lawroll lo	har Contributary Causes of Importance:
(Stata or country)	mone and
13. NAME Gor Charles Brown  14. BIRTHPLACE (city or town)  Na	
14. BIRTHPLACE (city or town)	me of operation Rone Date of
(State of country)	nat tast confirmed diagnosis Physical July 1980 are an autopsy?
15. MAIDEN NAME 23.	If daath was due to external causes (VIOL ENCE) fill In also the following:
- William	cident, suicide, or homicide? Date of Injury 19
	nere did injury occur?
17. INFORMANT Mrs. Julia Grown Sp. (Addrass)	(Specify city or town, county and State) ecify whethar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, PREMATION, OR REMOVAL	nner of injury
Place ine from centre Date 19 10.37	tura of Injury
13- 81 11	Was disease or Injury in any way ralated to occupation of deceased?
(Address)	so, specify
20. FILED Dec 18, 1987 Arably C. Malescerit	(Signed) Millau Foole M.D.
	N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	41	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as rellows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis Dr	3 days ago
		BUL 23 1037	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

V. S. No. 1

should state

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	-	Tir,	93-0,	
County Frederick		G	Registration Dist. No. 13	1
Village or City Frederic	2]<	. 3	No 464 V. South St	Mand
Length of residence in city or town where	death occurred 88		f death occurred in a hospital or institution, give its NAME instead of street and s. How long In U.S. if of foreign birth? yrs, m	number)
2. FULL NAME Mrs. Emma			, /A	
		110 1964 0.		
(a) Residence: No. 464 V.	(Usual place of	abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATIST	ICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
female 4. Color or RACE white	5. SINGLE, MARRY OR DIVORCED Widowe	(write the word)	21. DATE OF DEATH Second Les	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis E. Bu	ırck		22. I HEREBY GERTIFY, That I attended	
6. DATE OF BIRTH (month, day, and year)	cil 30. 1	849	l last saw h alive on less ( 193 )	
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 8 • 30 A m.	
88 7	24	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	10. (
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Jadustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this openation (month and	lousewife		Trust Alyladu	Date of onest
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	t home			01
SAW MILL, BANK, etc	11. Total tim	e (veare)	Confue VINO	30
this occupation (month and 2/36	spent	in this 65		Care
12. BIRTHPLACE (city or town) Mary (State or country)	Land		Other Contributary Causes of Importance:	
13. NAME Villiam H. Ki	ing			-
13. NAME William H. Ki	nany		Name of operation Date of	
(State of Country)			What test confirmed diagnosis? Was there an	autopsy D
15. MAIOEN NAME Catherine			23. If death was due to external causes (VIOLENCE) fill in also the following	g:
O   16. BIRTHPLACE (city or town)	rmany		Accident, sulcide, or homicide? Date of injury	
- (Stata of Country)	- re		Where dld injury occur?  (Specify city or town, county and State Specify whether Injury occurred in INOUSTRY in HOME or in PURLIC PL	te)
17. INFORMANT Mrs. F. H. F. (Address) Prederick,	mO a	)n	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	ACE.
	ederick • Date Dec	27, 19 37	Manner of Injury	
19. UNDERTAKER M. R. Etchis	son & Son	1	24. Was disease or injury in any way related to occupation of deceased?	10
(Address) Frederick	, 1!d		If so, specify	******
20. FILEO 27- Dec , 1937 Jua	- JM= Cu	udy Registrar.	(Signed) HAMM	M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JAN 5 1938	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. 3.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE	FOR	<b>FURTHER</b>	<b>STATEMENTS</b>	BY	PHYSICIAN
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# MARGIN RESERVED FOR BINDING

V. S. No.

AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. nation should be carefully supplied. WRITE PE

	STATE (	OF MAR	YLAND-	CERTIFICATE OF DEATH	12967
1. PLACE	OF DEATH			(22)	
County_	Frederick	****		Registration Dist. No. 13	1
Village o	r City Frederi	ck		No. Freder Chonding Hospitas.	Ward
Langth of	rasidanca in city or town where	daath occurred	(I	f death occurred in a horpital or institution, give its NAME instead of street and s	number)
2. FULL N			rier		1105us
/			asant.Md.	If U. S. Veteran, specify WAR NONTE	1
(a) Kesi		(Usual place		St., Ward. M. W. Le as aut	d State
PERSO	ONAL AND STATIST	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	
Male	White	404 6	igle	December 9th (Month) (Day)	(Year)
5a. If married, with HUSBAND of	dowed, or divorced			22. I HEREBY CERTIFY, That I attended	
(or) WIFE o	f None			8 27 8 9	d deceased from
6. DATE OF BIRT	TH (month, day, end year)	May 20.	1879	I last saw h 1 m aliva on A 5 9 193	
	Years Months	Days	If LESS than	to have occurred on the date stated above, at 9 • 4.5 Pm	
58	3 6	19	1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importanca were as follows:	
Z Trade, pr	ofassion, or particular	~ 7	77		Date of oncet
SAWY	of work done, as SPINNER, YER, BOOKKEEPER, etc or business in which	General	Farming	Valralus of colon	Dec 8
Q work	was dona, as SILK MILL, MILL, BANK, etc	Own Farr	n	0	37
10. Data dec	easad last workad at	11. Total ti	ma (years)	,	
- 1 (11130	ccupation (month and 70	/3.7 sper	nt in this 30		
12. BIRTHPLACE	(city or town)			Other Centributory Causes of Importence:	1000
(State or		ryland			
13. NAME	John Willia	un Burri	er		
	ACE (city or town)			Name of operation Date of	
(Stati	e or country)	aryland		What test confirmed diagnosis? Was there an	autopsy? NO.
15. MAIDEN 16. BIRTHPL	NAME Hary Ca	atherine	Bruchey	23. If death was dua to external causes (VIOLENCE) fill in elso the following	ig:
16. BIRTHPL	ACE (city or town)			Accident, sulcide, or homicide? Date of injury	, 19
(State		ryland		Where did Injury occur? (Specify city or town, county and St.	ate)
17. INFORMANT _		Filler	A	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
(Address) 18. BURIAL, GREA	MATION, OR REMOVAL	Cloiste	n.	Manner of Injury	
Place		al Date De	c. 13, 19 3"	Manner of Injury	
	M.R.Etchi	son & So	n	24. Was disease or injury in any way related to occupation of deceased?	20
19. UNDERTAKER (Address)	manage and de to		4	If so, specify	
20 EUED / 0 =	Dec 1937 IL	× 17/12(	ou du	(Signed) BOTTION	M. D
ZU. FILEDLE W.	19.0 / White	7	1	- Imadonial Montlon	7

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Example I		Example II	Likampies.
The principal cause of death and related causes of importance were as follows: AN 5 1938	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND—CERTIFICATE OF DEATH PLACE OF DEATH

County Frederick Hillage or City Frederick

Registration Dist. No.

(If death occurred in a horpital or institution, give its NAME instead of street and number) \_\_\_ds. How long in U.S. If of foreign birth?. 

2. FULL NAME ITVI

Vincent Acrica Ma (Usua) place of abode)

If U. S. Veteran, specify WAR\_

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

Months

kind of work done, as SPINNER, Sergt . Md . SAWYER, BOOKKEEPER, etc.

3. SEX male

7. AGE

OCCUPATION

FATHER

MOTHER important.

instructions

Very

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED. OR DIVORCED ("write the word) 21. DATE OF DEATH December

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

8... Trade, profession, or particular

10. Date deceased last worked at

(State or country)

this occupation (month and

6. DATE OF BIRTH (month, day, and year) Oct a 16. Days

> 11. Total time (years) spent In this

If LESS than 1 day, ..... hrs. or .... min.

to have occurred on the date stated above, at

I HEREBY CERTIFY. That I attended deceased from

MEDICAL CERTIFICATE OF DEATH

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Nat. ndustry or business in which work was done, as SILK MILL, Caretaker Armory
SAW MILL, BANK, etc.

Oate of onset

occupation \_\_\_\_ 12. BIRTHPLACE (city or town)

13. NAME

14. BIRTHPLACE (city or town) .... (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL CREMATION: OR AM Frederick

19. UNDERTAKER

Registrar.

What test confirmed diagnosis? ...... Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Where dld injury occur? \_\_\_\_.

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,

Manner of injury

24. Was disease or Injury In any way related to occupation of deceased?.

If so, specify

(Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

certificate. RESERVED back may plnods ARGIN supplied See plain carefully ii OF DEATH plnous TION

state OCCUPA-

plnods

PHYSICIANS

ORD.

BINDING

JO

statement

Exact

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 5 1938	July 5, 1927	Peritonitis	3 days ago
BUSEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE O	F DEATH	OI MAKI	LAND	CERTIFICATE OF DEATH
111111111111111111111111111111111111111	Preserios			Registration Dist. No. / 2
Village or	,		(If	NoNoNoNo
				ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NA	ME helia	K. Castle		If U. S. Veteran, specify WAR
(a) Reside	nce: No.	(Usual place of	abode)	St., Ward.  If nonresident give city or town and State
PERSOI	NAL AND STATIS	TICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Penale  4. COLOR OR RACE Polite  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		(write the word)	21. DATE OF DEATH DIC 9, 193 7 (Year)	
5a. If married, wido HUSBAND of (or) WIFE of	John C. Ca	stle		22. I HEREBY CERTIFY That I attended deceased f
6. DATE OF BIRTH	(month, day, and year)	ay 2,1851		I last saw hand elive on Dec 1, 1937; death is
7. AGE Ye	ars Months	Oays	If LESS than I day,hrs. ormin,	to heve occurred on the date steted above, at
9. Industry or work with SAW MI 10. Date decea this occurrence of the same occurrence of the same occurrence of the same occurrence	ity or town)	11. Total tim y spent occups	ation	Metatasts to Lung  Other Contributory Causes of Importance:
(State or cou		oliens		
H 14. BIRTHPLAC	A shall be believed to the state of the stat	inovin		Name of operation Date of Was there en eutopsy?
15. MAIOEN NA	AME Lizabe	th Jones		23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following:
6 16. BIRTHPLAC	16. BIRTHPLACE (city or town) (State or country)  W Jersey			Accident, suicide, or homicide?
17. INFORMANT (Address)	John C. Ca.		***********	Where did injury occur?  Specify city or town, county and State)  Specify whether injury occurred by INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMA	tion, or removal	Oate DCC.	11,,1937	Manner of Injury
19. UNDERTAKER (Address)	Gladhill C	orpany		24. Was disease or injury In any way related to occupation of deceased?
20. FILEO Dec.	11 1937 2	Courson &	Sancian Registrar.	(Signed) Shundarp M

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	1//		
Other contributory causes of importance:		Other contributory causes of importance:	-
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 12970
1. PLACE OF DEATH	23
County Frederick,	Registration Dist. No. 139
Village or City State Sanatorium, Md.	No. St., Ward
Length of residance in city or town whera death occurred 1 yrs 1 mos	f death occurred in a horpital or institution, give its NAME instead of street and number)  2.23 ds. How long In U.S. if of foreign birth?
2. FULL NAME William Jacob Cook.	If U. S. Veteran, specify WAR
	St., Ward. Baltimore, Maryland.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White Widower	21. DATE OF DEATH  Dec. 9 , 193 7 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown	22. I HEREBY CERTIFY, That I ettended deceased from Oct. 16 19 36 to Dec. 9 19 37
6. DATE OF BIRTH (month, dey, and year) April 25 1864	I last saw h.im aliva on Dec. 9 1937; death is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, et 9 20 R. M.
73 7 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceusas of Importance were es follows:
8. Treda, profession, or particular kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc. Gigar-Maker  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and second to this programme of the second to the se	Pulmonary Tuberculosis Oct.
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	1935.
10. Date deceased last worked at this occupation (month and 1936 spent in this 3 Yrs	
To 142 words	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) BALLIMOTE.  (State or country) Maryland	Arterio- Sclerosis.
	Senile Dementia.
13. NAME John S. Cook  14. BIRTHPLACE (city or town)	none
(State or country) Maryland.	Name of operation Pos Sputulin  What tast confirmed diagnosis? Chest-X-Rev Was there en eutopsy? 10
15. MAIDEN NAME Rebecca Edwards	23. If death was dua to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Rebecca Edwards 16. BIRTHPLACE (city or town) (State or country) Maryland.	Accident, suicide, or homicide?
17. INFORMANT	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Balto, Md. Date Unknown 19	Mannar of injury
19. UNDERTAKER M.I. Creager (Address) Thurnont, Md.	24. Was disease or injury in any way related to occupation of deceased? . no.
20. FILED. D	(Signed) Allwar S. That M. D.  (Address) State Sana lorium mo

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	:	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsis	1 week ago
Chronic interstitial nephritis	1921	Run over by treet car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis DEC	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 уеат
		3./	

County Frederick  County Frede	STATE OF MARYLAND	CERTIFICATE OF DEATH
Wittere or City. Predected (II See Account)  No. 24 Secretary (II death occurred in a horpital or initiation, and in NAME inaced of street and number)  Langth of residence in city of lown whele death occurred Mays and the control in a horpital or initiation, and in NAME inaced of street and number)  2. FULL NAME Mile Mile Mile Mile Mile Mile Mile Mile	1. PLACE OF DEATH	(2)-al
Langth of residence in city of loven where death occurred. The state of the control of the contr	County Frederick	Registration Dist. No. 131
(a) Residence: No. 12	/	No. 127 Sessa St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
(a) Residence: No. 12.7 A Deuts (Uhraiphee of shock)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (wine the word)  Sa. If married, widowed, or-divorced (winth word)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  11 LESS than 1 day	Length of residence in city or lown where death occurred 2/5 yrs.	ds. How long in U.S. if of foreign birth?yrsmosds.
If concessions tyre city or lown and State	2. FULL NAME Mece MV. Davis	no reteron
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE   Color OR RACE   S. SINGLE, MARRIED, WIDOWED, OR DIVORED (write the word)   55. HI Marriad, widowed, or divorced   Corol Divorced		St., Ward.
3. SIX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCES) (which the word)  Sa. It marriad, widowad, ordivorced  Grow WITE at the standard of the word o		
Section of Divorced Control of Divorced Control the word of the Control of Co		
58. If married, widowad, or divorced MedoRahe (or) wife of SPINTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE  7. AGE  7. AGE  8. Trade, profession, or particular of the state of the st	OR DIVORCED (write the wor	December 25 1937
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or min.  8. Trade, profession, or particular kind of work dome as SPINNER SAWYER, BOOKEPEPER at this occupation (month and )  9. Industry or business in which SAW MILL, BANK, etc.  10. Date decased last worked at this occupation (month and )  12. BIRTHPLACE (city or town)  (State or country)  May 13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  GARDES  A TO A T	5a, tf marriad widowad or divorced	(Month) (Uay) (Year)
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7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or min.  1 day. hr	71 %	, 132
1 day, nrs. or min.  8. Trade, profession, or particular kind of work dona, as SPINNER, showled with a spanning that of work was done, as SPINNER, showled with a spanning this occupation (month and years) spanning this occupation (month and years). Spanning this occupation (month and years) spanning this occupation (month and years). Spanning this occupation of decases of importance:  12. BIRTHPLACE (city or town). State or country)  13. MAME  14. BIRTHPLACE (city or town). State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town). Spanning this occupation of injury. Spanning this occupation of decased? And years of injury in eny way related to occupation of decased? And years. Additionally the decased of injury in eny way related to occupation of decased? And years. Additionally the decased of injury in eny way related to occupation of decased? And years. Additionally the decased of injury in eny way related to occupation of decased? And years. Additionally the decased of injury in eny way related to occupation of decased? And years.		. 50
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Shind of work dona, as SPINNER, Abruse wife  Work was done, as SILK MILL,  SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and 1/30 occupation)  12. BIRTHPLACE (city or town)  (State or country)  What lest confirmed diagnosis?  Was there an autopsy? MD.  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  What lest confirmed diagnosis?  Was there an autopsy? MD.  23. If death was due to external causes (Vtol ENCE) filt in also the foliowing:  Accident, suicide, or homicida?  Date of injury  Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Nature of injury  Nature of injury  Nature of injury in eny way related to occupation of deceased?  19. Specify  18. Sunch Accident, Specify City or town, country and State)  19. UNDERTAKER  M. C. & Lance Accident, Suicide, or homicida?  19. UNDERTAKER  M. C. & Lance Accident, Suicide, or homicida?  Nature of injury  Nature of injury  19. What lest confirmed diagnosis?  Manner of injury  Nature of injury  Nature of injury  19. UNDERTAKER  M. C. & Lance Accident, State Accident, State Accident, Specify City or town, country and State)  19. UNDERTAKER  M. C. & Lance Accident, State Accident		were as follows:
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15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Earl M. Dave. (Address) R. F. M. Mol Freduck M.  18. BURIAL, CREMATION, or REMOVAL M. & Cert. Place Bartonsville Data Nee. 29, 19.37  19. UNDERTAKER M. R. & Cert. (Address) Secify was disease or injury.  19. UNDERTAKER M. R. & Cert. (Address) Secify was related to occupation of deceased?  18. So, specify  19. UNDERTAKER M. R. & Cert. (Address) Secify  24. Was disease or injury in eny way related to occupation of deceased?  25. UNDERTAKER M. R. & Cert. (Address) Secify  26. UNDERTAKER M. R. & Cert. (Address) Secify  26. UNDERTAKER M. R. & Cert. (Address) Secify  27. UNDERTAKER M. R. & Cert. (Address) Secify  28. UNDERTAKER M. R. & Cert. (Address) Secify  29. UNDERTAKER M. R. & Cert. (Address) Secify  20. UNDERTAKER M. R. & Cert. (Address) Secify  29. UNDERTAKER M. R. & Cert. (Addr	(Stete or country)	
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17. informant Earl M. Davis.  (Address) R. F. Mal Freduck, M. G.  18. BURIAL, CREMATION, OR REMOVAL M. E.  Place Partons ville Data Del. 29, 19.37  19. UNDERTAKER M. R. Etchison Flore  (Address) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  24. Was disease or injury in eny way related to occupation of deceased?  If so, specify  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Handle M. G.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Handle M. G.  (Address) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Handle M. G.	State or country)	
(Address) R + & not Freduck md,  18. BURIAL, CREMATION, OR REMOVAL M. & Cerr.  Ptace Bartons ville Data Nee. 29, 19.37  19. UNDERTAKER M. Refetchison & Lon  (Addiess) See dence x, 2nd.  1f so, specify  (Signal) Manner of injury  Nature of injury  19. UNDERTAKER M. Pe dence x, 2nd.  (Addiess) See dence x, 2nd.  (Signal) Manner of injury  Nature of injury  19. UNDERTAKER M. (Signal) M. (Si	Earl n. Davis	(Specify city or town, county and State)
18. BURIAL, CREMATION, OR REMOVAL N. E. Cerri.  Ptace Bartonsville Data Dec. 29, 19.37  Nature of injury  19. UNDERTAKER M. R. Etchison & Jon.  (Addiess) See device, 2nd.  If so, specify  (Signal) Manner of injury  Nature of injury  19. Was disease or injury in eny way related to occupation of deceased?  (Signal) Manner of injury  Nature of injury  19. UNDERTAKER M. See device of the second of the season	(111) 07 1 7 1 7 1	Specify whether injury occurred in INDUSTRY, in HOME, OF IN PUBLIC PLACE.
Ptace Sartonsville Data Net . 57 . 19.37 Nature of injury  19. UNDERTAKER M. C. Etchison & Lon 24. Was disease or injury in eny way related to occupation of deceased? W. (Addiess) See denex, Tr. 1. If so, specify		Manner of injury
19. UNDERTAKER M. R. Etchison & Lon 24. Was disease or injury in eny way related to occupation of deceased? W  (Address) Frederick, M  (Signal) (Signa	Place Gartonsville Data Del. 29, 19	27
97 M. 3 1 17160 1 186, Specify Holyson & 19		24. Was disease or injury in eny way related to occupation of deceased? 200.
	20. FILED 27- Dec, 1937 Ira & Mª Gurdy	(Signed) Chysses G. Downe M.D.
Registrar. (Address)		

1116171

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		li	Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	THE PARTY FO	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 5 1939	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
	- N

MARGIN RESERVED FOR BINDING

12972

(PR)
Registration Dist. No.
NoSt.,Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds
J If U.S. Veteran specify WAR. World Way
St. Ward.
If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH  (Month)  (Day)  (Tear)
22, I HEREBY CERTIFY. That I attended deceased from
Dr 24 1937 to 20 20 1987
I last saw h alive on Dla 4 12/24 1937; death is said
to have occurred on the date stated above, at10_357_m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
augusa Testons
Other Contributory Causes of importance:
that allari
- Brass usuas
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19
Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Manner of injury
7 Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and a	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis IAN 4 1938	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
College of the contract of the			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

DITIONAL DI ACE I		

# MARGIN RESERVED FOR BINDING

V. S. No. 1

pation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N B WITTE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT-RECORD. Every item of infor-

. B	STATE OF MARYLAND-	CERTIFICATE OF DEATH
2	1. PLACE OF DEATH	139-6)
occup	county trederiels (Q)	Registration Dist. No. 131
ŏ/	Village or City Montevel, Emery	GARRED Hospital St. Ward
of	9	death of tripe in a hospital or insulution, give its NAME instead of street and number)  B. ds. yow long in U.S. of foreign birth?
ent	Length of residence in city or town where death occurredyrs,mos	Man.
statem	2. FULL NAME CHARLOS I Jugar	If U. S. Veteran, specify WAR
sta	(a) Residence: No. A Color (Usual place of abode)	St., Ward. JULY I Ward State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	female Colored Single write the word)	Month) (Oay) (Year)
fed	5a. If married, widowed, or divorced HUSBAND of	
classified	(or) WIFE of	1 HEREBY CERTIFY. That I attended deceased from
cla	6. DATE OF BIRTH (month, day, and yeer) May 16-1916	Hast saw held aliva on Dec 7 1937; death is said
rly	7. AGE Years Months Pays If LESS than	to have occurred on tha date stated above, at 3 Pm.
properly certificate.	2   <b>b</b>   2 3   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importanca were as follows:
be pr	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Feutonitis - Post - Sperative Dec. 6
may back	9. Industry or business in which work wes done, es SILK MILL, Let love SAW MILL, BANK, etc. 11. Total time (years)	
t it on	10. Data daceased last worked at this occupation (month and 11/39 spent in this occupation (cupation 6	
erms, so that instructions o	12. BIRTHPLACE (city or town) Frederich Co	Other Contributory Causes of importance: Pelsie Luplamalory chaece 2 who
is, s	(Stata or country)	
	13. NAME arthur 1) eags	My sterest par &
see See	14. BIRTHPLACE (city or town) Treducted Co. (State or country)	Name of operation Delta of Dete of Dete of
-	Colate or country)	What test confirmed diegnosis? Was there an autopsy?
EATH in p important.	T	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
TH	16. BIRTHPLACE (city or town) A rederich Co (State or country)	Where did injury occur?
DEATH y import	17. INFORMANT Evangeline Vice R. h.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
E OF D	(Address) Emergeny Hospital  18. BURIAL, CREMATION, OR REMOVALY (Confidence)	Manage of Internal
E is	Place Hope Hill md Date Der 10,193	Manner of Injury
CAUSE TION is	M.P. Fatigue Along	24. Was disease or injury in eny wey releted to occupation of deceased?
T C	19. UNDERTAKER (Addrass)	If so, specify
4	1 M2 = 27 90 - 71/800 11	(Signed) have silvorthingly M.D.
	20. FILED J. Q	(Address) Federick - hid.

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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V.S. No. 1

N. R.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-

	County Frederick	Registration Dist. No. 144		
		NoSt.,St.,StStStStStStStStStStStStStSt		
2.	Length of residence In city or town where death occurred 40 yrsm  FULL NAME Frank Lotterer  (a) Residence: No. Thursday (Usual place of abode)	St., Ward.  If nonresident give city or town and State		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SE	Male While OR DIVORCED (write the word)	21. DATE OF DEATH 2. 25 (Month) (Day) (Day)		
	If married, widowed, or divorced HUSBAND of GOT AND STATE OF THE STATE	22.0 I HEREBY CERTIFY. Thet I attended decees		
7. AC	89 0 5- 1day,hr	to heve occurred on the dete stated above, at. 3		
OCCUPATION	8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Dete deceased last worked et this occupation (month and year)	Traemia Dee 2.		
	BIRTHPLACE (city or town) Mary Land (State or country)  13. NAME Lossing Doller	Other Contributory Causes of importence:		
FATHI	14. BIRTHPLACE (city or town) 22366-7 (State or country)	Neme of operation Oats of Whet tast confirmed diagnost-lineal examples Was there an autopsy		
MOTH	15. MAIDEN NAME Sarah Barkeman  16. BIRTHPLACE (city or town) Jand  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?		
	(Address)  BURIAL, CREMATION, OR REMOVAL  Pleco Shue Radge Consty Dete Stor 28, 193.	Manner of injury		
19. 0	UNDERTAKER Willhide & Gragger (Addiess) - Thursday	24. Was disease or injury in any way releted to occupation of deceased? 24.		
18. E	BURIAL, CREMATION, OR REMOVAL  PIECE Shur Radge Constay Dete Day 28 , 193;  UNDERTAKER Williade & Grager	Manner of injury Nature of injury  24. Was disease or injury in any way releted to occu		

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

4.2.4			STATE
nfo stat	1	. PLACE OF	DEATH
of i		County_F1	rederick
should of OCC		Village or Ci	ty Nr. Fr
INS :		Length of resid	ence in city or town
Zver IAN	2	. FULL NAM	ME Mary
RECORD. Every item of infor- PHYSICIANS should state Exact statement of OCCUPA-			e: No. Han
RECO!	scotos	PERSON	AL AND STA
	3.	SEX	4. COLOR OR RAC
L'NT L'NT		Female	White
FOR BINDING IS A PERMANENT stated EXACTLY properly classified. certificate.	5a.	If married, widowe HUSBAND of (or) WIFE of	d, or divorced Lawrence
ND VM A X A	-	(41) //112 01	Dawi Cito
BI E E	_		month, day, and yeer
FOR IS A F stated properl	7	AGE Year	s Mon
FOR IS A stated proper certification	-	2 Trade profes	eion or particular
	OCCUPATION	kind of w SAWYER,	sion, or perticular ork done, as SPINN BDOKKEEPER, etc
RVE could may back	PAT	9. Industry or 1	done, as SILK MILL L, BANK, etc
INK-INK- sho t it m on b	S	10. Date decease	d last worked at
RESERVED NG INK—THIS AGE should be that it may be ions on back of	0	this occup	ation (month and
cti 80 N	12.	BIRTHPLACE (cit; (State or coun	
RG NF/ NF/ plie rms nstr	ER	13. NAME	Louis Bo
M. H. U. Suljin t	FATHER	14. BIRTHPLACE (State or	(city or town)
full n pl	HER	15. MAIDEN NAM	ME Not 1
KNLY, Wh. be carefully EATH in pla	MOTH	16. BIRTHPLACE (State or	(city or town)
	17.	, INFDRMANT (Address)	Elston I
The Pres	18.	BURIAL, CREMATI	
		Place OST	vego N.Y
B.—WRITE mation CAUSE TION	19	. UNDERTAKER (Address)	M.R. Et
N. N	20.	FILED 30 10	ec., 1937

1. PLACE OF DEATH  County Frederick  Village or City Nr. Frederick (In Car)	Registration Dist. No. 131  No. on Route 15 North St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	St., Ward. Hannibal New York  If nonresident give city no truny and State
PERSONAL AND STATISTICAL PARTICULARS  B. SEX  4. COLOR OR RACE  Pemale  White  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Vidow	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  December 30 , 193 7 (Month) (Day) (Year)
is. If married, widowed, or divorced  HUSPAND of  (or) WIFE of Lawrence M. Ecker  5. DATE OF BIRTH (month, day, and yeer)  AUGUST 1, 1866	22. I HEREBY CERTIFY, That I attended deceased from December 30 19 37, to December 30 19 37 Hast sawh or dead December 30 19 37 death is said
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, et. 10 And The The PRINCIPAL CAUSE OF DEATH and celated causes of importance were as follows: Le fullatation of burn pate of onset
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc Housekeeper  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc At Home  10. Date deceased last worked at this occupation (month and year) spent in this occupation.	12/30
12. BIRTHPLACE (city or town)	Other Contributory Canada of Importence:
13. NAME LOUIS DEUSINGER  14. BIRTHPLACE (city or town)  (State or country) New York	Name of operation
15. MAIDEN NAME Not Imown  16. BIRTHPLACE (city or town)  (State or country)  17. INFDRMANT  18. BURIAL, CREMATIUS, OR REMOVAL	23. If death was due to external ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
Place Oswego N.Y. Date Jan 2 19.38  19. UNDERTAKER M.R. Etchison & Son (Address) Frederick, Md.  20. FILED 30 Dec 1937 Jan M. Candy Registrat.	Nature of Injury  24. Wes disease or injury in any way related to occapation of deceased. NO  If so, specify  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)

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5-11		
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1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	1915 1921 July5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

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ARGIN RI	UNFADING
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	MLY,

nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

See instructions on back of certificate.

TION is very important.

WRITE PL

V. S. No. 1

PHYSICIANS should state RD. Every item of infor-

STATE OF I	MARYLAND-	CERTIFICATE OF DEATH	2976
1. PLACE OF DEATH	100	n-a/	
/ County Frederick	1	Registration Dist. No. 13	<i></i>
/ Village or City Frederick	6	No. 518 N. Bentz St.	Ward
Langth of residence in city or town where deeth occ		f death occurred in a horpital or institution, give its NAME instead of street and r sds. How long in U.S. if of foreign birth?yrsm	
2. FULL NAME William Henr		If U. S. Veteran, specify WAR None	
(a) Residence: No. 518 N. Ben		St. Ward.	
))	Jsual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	
male white w	CLE, MARRIED, WIDOWED, DIVORCED (write the word) LOOWER	21. DATE OF DEATH Dec. 22, 1937 (Month) (Day)	, 193 (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WHE of Williams	sh	22. I HEREBY CERTIFY, That I ettended  19.37, to See 2	
6. DATE OF BIRTH (month, day, and year)	19, 1864	i last saw h 1 2 aliva on 22ec 27 , 1937.	
7. AGE Yeers Months	Days if LESS than	to have occurred on the dete stated above, at 6., 50R.m.	
10	3   1 day,hrs. ormin.	Tha PRINCIPAL CAUSE OF DEATH end raisted causes of importance were es follows:	Date of onset
Trada, profassion, or particular kind of work dona, as SPINNER, Lab. SAWYER, BOOKKEEPER, etc	orer	00 00	
9 Industry or business in which		Chr Nalmlan Duran	7
work was dona, as SILK MILL, SAW MILL, BANK, etc		Ph. Valmer Duran	2
10. Data deceased last worked at this occupation (month end	11. Total tima (years) 4.8 spent in this occupation		
12. BIRTHPLACE (city or town) Maryland		Other Contributory Causes of importence:	
(State or country)		acato Decomponista	
13. NAME George Fitez			
14. BIRTHPLACE (city or town) Harvlan	d	Name of operation Date of	14.
(Stata or country)	1 0 0	What test confirmed diegnosis? Was there an e	
	rfield	23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Dete of injury  Whare did injury occur?	
17. INFORMANT Trs. Valter P. (Address) Frederick, and.	Pogle	(Specify city or town, county end Stet Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	e) ACE.
	sville, Md. Dec. 24, 1937	Manner of injury	***********
19. UNDERTAKER M. R. Etchison (Addiess) Frederick, Na.		24. Was disaase or injury in any way raiated to occupation of deceased?  If so, specify	no
20. FILED 23 - ALL, 1937 JOM	Loundy Registrar.		м. D.

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I PAUVS.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

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TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1 /
1. PLACE OF DEATH	(940)	
County Tresser gold	Registration Dist. No. 144	
Village or City Settle!		Ward
Length of residence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Clysen Elsovor	th TOPA. S. Veteran, specify WAR 1	*****
(a) Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OB RACE 5. SINGLE, MARRIED, WIDOVED, OR DIVORCED (write the vord)	21. DATE OF DEATH  O'Courles, (Day) (Yes	ar)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I ettended deceesed	
6. DATE OF BIRTH (month, day, end year) Feh. 22-1885	I lest saw h alive on	
7. AGE Yeers Months Deys If LESS then	to heve occurred on the dete steted above, et 6-15-1224	
52 9 237 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:	
8. Trede, profession, or particular	were as rollows.	onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Auginia Reclino . ho.	19 -
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		937
10. Date deceesed last worked at this occupation (month end year)		
12. BIRTHPLACE (city or town) # 100 %	Other Contributory Causes of Importance:	
13. NAME Shank 7 99 S		
14. BIRTHPLACE (city or town) Treff /	Name of operation Oete of	
(Stete or country)	What test confirmed diagnosis? Wes there en eutopsy?.	
15. MAIDEN NAME MAY MUTHER	23. If deeth was due to externel ceuses (VIOL ENCE) fill in elso the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury19.	
(State or country)	Where did injury occur?(Specify city or town, county and State)	
17. INFORMANT (Address) Fredto ma, F. F.M.	Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
Plece Dete Dete	Nature of injury	
19. UNDERTAKER Address (Address)	24. Wes disease or injury in any way related to occupation of deceesed?	
20. FILED Dec. 21, 19 37 Anna M. Jones	(Signed) The Glores County (Address) 301 S. Braslat St.	_M. D.
Registrar.	(Audress)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	14	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND-	-CERTIFICATE OF DEATH 12978
1. PLACE OF DEATH	23
County 7 Rulluck	Registration Dist. No. / 08
Village or City New hondon	No. North (Line Katt L St., Ward (If death occurred in a horpital or institution, ave its NAME instead of street and number)
	os. ds. How long in U.S. if of foreign birth? yrs. ds.
2. FULL NAME Shoul tose	
(a) Residence: No. New hunder	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF BEATH
male (olive) OR DEVORCED (quite the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	22 LINEREBY CERTIFY That I attended deceased from
(or) WIFE of	9et 1937 to Nee, 28 1937
6. DATE OF BIRTH (month, day, and year) Wand 13, 1917	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
8. Trade, profession, or particular	were as follows: Date of onset
kind of work done, as SPINNER,	
Industry or business in which work was done, as SILK MILL,	Julianary Julienstones Le
work was done, as SILK MILL, SAW MILL, BANK, etc	12
this occupation (month and 19.37 spant in this year) 19.37	
12. BIRTHPLACE (city or town) Www houses my	Other Coutributory Causes of Importance:
(State or country) + redesces Country	_
14. BIRTHPLACE (city or town). Mr. New handling.	
(State or country)	Name of operation Oate of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Many allent Olumas	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Many allent Olumas  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MOTAL	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place lew London Oate 12-30-,193)	Nature of injury
19. UNDERTAKER W. E. Falcoyer!	24. Was disease or injury in any way related to occupation of deceased?
(Address) New Market, Mdi	If so, specify 251 leaves 5 4 4
20. FILED Dec 30, 1937 Lucean & Falconer Registrar.	(Signed) M. O.
If more blanks are needed, address State Registra	17, 2411 N. Charles Street, Baltimore, Requesting U. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephratis AN 4	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUKEAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1 1022	Other contributory causes of importance:	Levam
Gallstones	May 1,1923	Gastroenteritis	1 yea

B.—WRITE

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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12979
1. PLACE OF DEATH	(31)
County Trederick	Registration Dist. No. 131
Willage or City Frederick	20 No. 15 £. 5 4 St., Ward
Length of residence in city or town where death occurred 56 yrs, 10 mos.	death occurred in a horpital or institution, give its NAME instead of street and number)  202ds. How long In U.S. if of foreign birth?
2. FULL NAME mu Edy, Samon	Mild U. S. Veteran, specify WAR Nove
(a) Residence: No. 15 E. 5th	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wearred	21. DATE OF DEATH SEC 18
5a. If married, widowad, or divorced HUSBAND of Mary & Samon (or) MARTINET MARY	22. I HEREBY CERTIFY, That I attended decassad from
6. DATE OF BIRTH (month, day, and year) Jany 20-1881	I last saw h alive on OSa, 1937; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date steted above, at 3480 m.
56 10 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER Litting Sales uns SAWYER, BOOKKEPER, etc.	A. 8-30
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.  9. Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date decaased last worked at this occupation (month and	Malessia Wall
SAW MILL, BANK, atc.	
10. Date decaased last worked at his occupation (month and low / o spent in this occupation year)	
12. BIRTHPLACE (city or town) Treferick	Other Coutributory Causes of Importance:
(State or country)	Jarenelssmators
13. NAME Deo J. Samon	nephritis del. 37
14. BIRTHPLACE (city or town) + Aldurick	Nama of operation
(State of country)	What test confirmed diagnosis? Was thera an autopsy?_2
15. MAIDEN NAME Mining Windoff  16. BIRTHPLACE (city or town) Botto	23. If death was due to axtarnal causas (VIOLENCE) fill in also tha following:
o 16. BIRTHPLACE (city or town)	Accident, suicida, or homicida?
E (Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs Galio, James (Address) Fredrick Tred.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Trederick md.	Manner of Injury
Piece Mr. Otrostano, Dal Dec 21, 1937	Nature of Injury
19. UNDERTAKER 6. Erbline Flore (Addisss) Frederice med	24. Was disease or injury in any way related to occupation of deceased? Two
20. FILED 21 - Dec, 1937 In J. The Curdy Registra.	(Signed) BOOLOVICE M.D.  (Address) Frederick M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JAN 5 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	BUNEAU V. S.	July 5,1927	Peritonitis	3 days ago
1		J		
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				100000000000000000000000000000000000000

V. S. No. 1

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CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(103)
County Frederick	Registration Dist. No. 13
Village or City Frederick	No. Fred Korn City Hospital St., Ward
(I)  Length of residence in city or town where death occurredyrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.
-1 D	λ,
2. FULL NAME Edward F. Gaver	If U. S. Veteran, specify WAR / YO
(a) Residence: No. Harmon 4.	Ward. State  If nemerical int give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Agryle	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WHEE of Mrs. Clara Gaver	22. I HEREBY CERTIFY. That I attended deceased from
6: DATE OF BIRTH (month, day, and year) aug. 22. 1877	I last saw h was alive on Dec 13 , 1937; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
2	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Fay mey	Lobran Preservances a Dec
	1937
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	-
this occupation (month and Dec 1937) spent in this year) 404	
12. BIRTHPLACE (city or town) Ellerton, Fred'k Co. (State or country)	Other Coutributory Causes of importance:
13. NAME Martin Gaver  14. BIRTHPLACE (city or town) Frederick County	Name of operation
(State or country)	What test confirmed diagnosis?
# 15. MAIDEN NAME Wary Cline	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Mulessaylle	Accident, suicide, or homicide?, 19, 19
(State or country) Waryand	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs Cauline D. Slagfull (Address) Messamille mit Co	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Middletown	Manner of injury
Place Luth. Cemetery, Date Dec 17, 1937	Nature of injury
19. UNDERTAKER Gladhilly Co	24. Was disease or injury in any way related to occupation of deceased?
(Address) Middletown, Mid	If so, specify
20 FILED S. Dei: 1937 All Could	(Signed) M. D. (Address) Maid Soften
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUNEAU Y. S			
Andrews of States of State	. 🕬		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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### STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH Jo statement (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, ON ON ORCED (quite the word) classified. 5a. If married, widowed, prodivorced HUSBAND of (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, end year) properly Years 7. AGE Months Days 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_\_ OCCUPATION of back 9. Industry or business in which it may work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked et 11. Total time (years) instructions on this occupation (month end spent In this so that occupation \_\_\_\_\_ 12. BIRTHPLACE (city or town) (State or country) CAUSE OF DEATH in plain terms, FATHER

14. BIRTHPLACE (city or town). (State or country)

16. BIRTHPLACE (city or town) (State or country)

20. FILED & ec 24/19 5

15. MAIDEN NAME

(Address)

19. UNDERTAKER

(132) Registration Dist. No. /	30
No. SI  Solution No. SI  death occurred in a hospital or institution, give its NAME instead of street  death occurred in a hospital or institution, give its NAME instead of street  yrs.	t.,Ward
If U. S. Veteran, specify WAR	
St., Ward.	
If nonresident give city or tow	
MEDICAL CERTIFICATE OF DEAT	гн
21. DATE OF DEATH  (Month)  (Day)	7, 193 (Year)
22.   HEREBY CERTIFY, That I ette   12 - 17	ended deceased from
I last sew h la alive on 12 - 29-,19	death is sald
to have occurred on the date stated above, at 11.324m.	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of onset
1	Data or onset
Macmic froming	12/10/37
origh arterial Genson	1937
Other Coursbury Causes of the warnie forsoning	2. 2. notikravov.
Other Coutributory Causes of importance: Direction 1 one	week plus.
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Neme of operation Det	e of
Whet test confirmed diagnosis? Was the	re en eutopsy?
23. If death wes due to external causes (VIOLENCE) fill in also the following	llowing:
Accident, suicide, or homicide? Date of injury	, 19
Where did Injury occur? (Specify city or town, county at	nd State)
(Specify city or town, county ar Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	IC PLACE.
Manner of injury	
Nature of injury	
24. Was disease or injury In any way related to occupation of deceese	ed?
If so, specify A A	100
(Signed) Matham Q, Miles	CCC M. D.
(Address) gartherebug	ma.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

If LESS than

1 day, ..... hrs. or .... min.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
11 11 1. 0.	1			
H kin standard				
Other contributory causes of importance:		Other contributory causes of importance:	- 1	
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1 -1 -1			

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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V. S. No. 1

AUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

FION is very important.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(95-2)
county frederick William	Registration Dist. No. 131
Village or City Trediries Con	No. 249 Nashington St., Ward
	death occurred in a Morpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Emily Grabil	If U. S. Veteran, specify WAR Nove
(a) Residence: No. 249 Washington	St., Ward.
(Usual place of above) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED,	21. DATE OF DEATH
Finale White Ordowed	(Month) (Day) (Year)
5e. If merried, widowed, or divorced HUSBAND of Traball	I HEREBY CERTIFY That I ettended deceased from
(or) WIFE of	Oct 12 1937 to Oct 9 1931
6. DATE OF BIRTH (month, day, and year) Wel. 13 -1955	I last sew had elive on
7. AGE Years Months Deys If LESS then 1 day,	to heve occurred on the dete steted above, etc. St. Pm.
76 ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importence  Date of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. industry or business in which work wes done, as SILK MiLL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and this occupation (month and this occupation for the second in this occupation (month and this occupation for the second in this occupation (month and this occupation for the second in this occupation (month and this occupation for the second in this occupation for the second in this occupation (month and this occupation for the second in this occupation for the second in this occupation (month and this occupation for the second in	Despertment Hout ?
9. industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	When
this occupation (month end) spent in this 527	3
12. BIRTHPLACE (city or town) Cumbuland	Dther Contributory Causes of Importance:
(State or country) Rud	Charley 4 12/57
14. BIRTHPLACE (city or town) Balts	
4. BIRTHPLACE (city or town) Dalta (Stete or country)	Neme of operation
	Whet test confirmed diagnosis? Wes there an eutopsy?
16. BIRTHPLACE (city or town) Disbury	23. If deeth wes due to externel causes (VIDL ENCE) fill in also the following:  Accident, suicide, or homicide?
(State or country)	Where did Injury occur?
17. INFORMANT Mrs. Maggie Sungler (Address) Friderick med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Tredericas mel.	Manner of Injury
Piece M. Dlavid Cary Date J. L., 19 37	Nature of Injury
19. UNDERTAKER Of to Cline & Son	24. Was disease or injury in any way related to occupation of deceased?
(Address) frederick red	If so, specify
20. FILED 11 - DLC , 1937 Ma Property Registrate.	(Signed) M. D. (Address) A Le duck Ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:	



V. S. No. 1

1. PLACE OF BEATH / /	CERTIFICATE OF DEATH
County Medick	Registration Dist. No. / 3 /
Village or City Frederick.	No. 40 7 M. Warlet St., Ward fdeath occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Herry X. N. Hagay.	If U. S. Veteran, specify WAR
(a) Residence: No. 40 7 M. market!	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  One (Month) (Day) (Year)
. If married, widowed, or divorced HUSBAND of	
(or) WIFE OF de dea E Sest	22.   HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year) Octobre 31-1861	I last saw ham alive on Dec, 1937; death is sai
DATE OF BIRTH (month, day, and year)  AGE  Years  Months  Days  If LESS than	to have occurred on the date stated above, at 7.05 a.m.
7/ / 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerchant Lement and Mon3
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and 1936 spent in this occupation 5.5	
BIRTHPLACE (city or town) The Aluch Co	Other Centributory Causes of Importance:
(State or country) Manglave +	- arleno-Selenosas 1932
13. NAME UMICHAEL F. Hagan.	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME (MICH)	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
INFORMANT A Land Hagan	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Frederick Met-	
Place W. Clivet Cin. Date Dec. 3 1987	Manner of injury
Court Louis O Hause	Nature of injury.
) UNDERTAKER Student Moderate	24. Was disease or injury in any way related to occupation of deceased?
(Address) Francisco (Augusta)	If so, specify BOHLISTERS
O. FILEO 2 Dec, 1937 Traf, Il Judy	(Signed) M. (Address) Francisco Ind.
Registrar.	(undiess)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
The principal cause of death and related cau of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis. JAN 5	938 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1934

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

Frederick,

Registration Dist. No. 139

Village or City State Sanatorium, Md. No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred 2 yrs 9 mos 23 ds. How long in U.S. if of foreign birth? yrs mos ds.

21. DATE OF DEATH

Spencer Thomas Hill 2. FULL NAME

If U. S. Veteran, specify WAR

Mechanicsville, St. Mary Co Ward.

Maryland

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced HUSBANO of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

33

Male

Catherine Hill

Oavs.

24

I HEREBY CERTIFY. That I attended deceased from 19 35 to Dec. 16

MEDICAL CERTIFICATE OF DEATH

Jan. 22 1904 If LESS than 1 day, ..... hrs.

to have occurred on the date stated above, at 3.20 - P. M. The PRINCIPAL CAUSE OF DEATH and related causes of Importance

Oate of onset Pulmonary Tuberculosis Aug .

8. Trade, profession, or particular kind of work done, as SPINNER, Salesman. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as StLK MILL. SAW MILL, BANK, etc ....

Months

10

10. Date deceased last worked at this occupation (month and 1934 year)

11. Total time (years) spent in this 10Yrs

or .... min.

12. BIRTHPLACE (city or town). (State or country)

Maryland Robert Hill

FATHER 13. NAME 14. BIRTHPLACE (city or town)\_\_\_\_\_ (State or country)

Marvland

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (city or town) ... (State or country)

Marvland

Spencer T. Mechanicsville, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Morganza, Md. Oate Unknown

19. UNOERTAKER \_\_\_\_ (Address)

Elmer A. Marboe.

Mechanicaville. Md

Manner of injury

-X-Ra-v -- Was there an autopsy? -- DG 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_\_\_\_ Where did injury occur?\_\_\_

(Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

ECORD. Exact classified. BINDING 田 properly stated RESERVED may pluods so that in plain terms, efully CAUSE OF DEATH should be

certificate.

instructions

See

TION

7. AGE

OCCUPATION

OCCUPA.

plnods

Every PIIYSICIANS statement

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example-I-		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s	Ng .		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

V. S. No. 1

r e r	STATE OF MARYLAND—	CERTIFICATE OF DEATH 12985
infor- state UPA-	1. PLACE OF DEATH	
of ild	county Frederick	Registration Dist. No. 140
shor of 0	Village or City (1) reads to the	No. St Warr
	(If	death occurred in a hospital or institution, give its NAME instead of street and number)  Ods. How long in U.S. if of foreign birth? 36 yrs. 9 mos. 22 ds
Every ICIANS tement	2. FULL NAME A Quille Hoga	d lut
. H =	(a) Residence: No.	St. Ward.
RECORD PHYS Sxact Sta	(Usual place of abode)	If nonresident give city or town and State
RECO . PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
T.X.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Yeer)
ANENA CTI	5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Yeer)
AAN AC assil	(or) WIFE of Barals Hare att	22.   1 HEREBY CERTIFY, That I attended deceased from
EX / claste.	6. DATE OF BIRTH (month, day, and year) March, 4. 190/	1   1   1   1   1   1   1   1   1   1
Pl d l erly cat	7. AGE Years Months Deys If LESS than	to have occurred on the date steted above, at 1/1/20 Am.
IS A PE stated E properly certificate	3 6 8 28 1 day,	The PRINCIPAL CAUSE OF DEATH end related causes of Importance weff as follows:
70	8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER BDDKKFEPER etc.	Date Gronne Claux Pate of onset
rHIS d be y be k of		
should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
I ST E	1D. Date deceased last worked et this occupation (month and spent in this	
	year) occupation occupation	Other Coatributory Causes of importance:
NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town). Tuesly a County	Mistostania
UNFA pplied terms, instru	(Stete or country)	
D # 5 %	E PONTO	
	[ 14. BIRTHPUACE (city or hown)	Name of operation
5 = 7	15. MAIDEN NAME DOLLARS	Whet test confirmed diagnosis? Wes there en autopsy? 10.
	15. MAIDEN NAME TO THE STATE OF	23. If death was due to externel causes (VIOLENČE) fill in also the following:  Accident, sulcide, or homicide?
De c EATI	(State or country)	Where did injury occur?
	17. INFORMANT Devole Roquett	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, DR REMOVAL M. El Cernetary	Menner of injury
	Place Terriston Makete De 5, 1937	Nature of Injury
WRI Martion CAUS TION	19. UNDERTAKER M. C. Clchisan & Son	24. Was disease or injury In any way related to occupation of deceased?
	(Address) frederick, Md.	If so, specify
	20. FILED 12/3 1937 2 Comme	(Signed) CEpter Suy M. D
A	Registrar.	(Address) Walklemille Track

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 wcek ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

101-2108

1251

### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH (82-a)

item of infor-	should state	of OCCUPA-	
I. B.—WRITE PLANLY, WIP UNFADING INK-THIS IS A PERMANENT RE RD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	/
PERMANENT	DEXACTLY	erly classified.	icate.
VK-THIS IS A	should be state	it may be prope	n back of certifi
UNFADING IR	supplied. AGE	terms, so that	TION is very important. See instructions on back of certificate.
MALY, Why	d be carefully s	DEATH in plain	mportant. Se
B.—WRITE PL	mation shoul	CAUSE OF	TION is very

MARGIN RESERVED FOR BINDING

County Frederick

Village or City Mr . Adamstown

Length of rasidance in city or town where death occurred\_\_\_\_\_ 2. FULL NAME Elbert Jason Honaker (a) Residence: No. Nr. Adamstown. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Male White 5a. If married, widowed, or divorced HUSBAND of Leota Harris (or) WIFE of 6. DATE OF BIRTH (month, day, and year) December 1857 7. AGE Yeers Months If LESS than Days 1 day, \_\_\_\_\_hrs. or ..... min. 8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..\_\_\_ OCCUPATION Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc .... 11. Total time (years) spent in this TO. Date deceased last worked at this occupation (month and occupation \_\_\_\_ year) ..... 12, BIRTHPLACE (city or town) Pulaski FATHER Henry Honaker 13. NAME 14. BIRTHPLACE (city or town) (State or country) Va MOTHER 15. MAIDEN NAME Rachael Pack Pulaski 16. BIRTHPLACE (city or town) (State or country) Adamstow (Address) son Registrar.

	If U. S. Veteran, specify WAR None
St	., Ward.  If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
21.	December 17th, 193 7 (Month) (Day) (Year)
to ha	I HEREBY CERTIFY. That I attended daceased fro Duc. 13 , 19.37, to Dec. 17 , 19.37 saw h im aliva on Dec. 17 , 19.37 ; daath is sai va occurred on tha date stated above, at 10:25 p.
The wara	PRINCIPAL CAUSE OF DEATH and ralated causes of Importance as follows:  Cerebral hemonhage 12/16/3  Left hemislegia
Otha	r Contributory Causes of Importance:
	e of operation
Acci	deeth wes due to external causes (VIOLENCE) fill in elso the following:  dent, suicide, or homicide?, 19,  re did injury occur?(Specify city or town, county and State)  ify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Mon	ner of injury

Registration Dist. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
5. \\		
and the same of th	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Example II  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

V. S. No. 1

DISTRICT TO A CEL VIEW AND	-KRITE PLANTY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	harion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	OAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is wary important Sao instructions on hart of cortificate
DATE	ERMANENT	EXACTL	classified.	4
TOTA	IS A PE	stated I	properly	cortificati
1	HIS	be	be	Ju
TANFFICE A	ING INK-TI	AGE should	that it may	tions on hack
TENTENTA	UNFAD	y supplied.	lain terms, se	Soo inchange
	NEX, WI	l be carefull	DEATH in p	important
1	RITE PL.	ion should	USE OF I	N ic worm

TION is very

STATE OF MARYLAND-	CERTIFICATE OF DEATH 12987	
1. PLACE OF DEATH	- 181) (181)	
County Frederick	Registration Dist. No. 13/	
Village or City Frederick	No. Freder Eck City Hospitalst. Ward	
length of residence in city of town where death occurred 4.5 vrs mos	f death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U.S. i of foreign birth?yrsmosds,	
16 7 7 7 00		
(a) Residence: No. 213 B. Fifth	If U. S. Veteran specify WAR None St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male  4. COLOR OR RACE OR DIVORCED (write the word) Mannied	21. DATE OF DEATH  December 9th 1937  (Month) (Day) (Year)	
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from	
(or) WHE of Urlefia V. Renner	22. THEREBY CERTIFY, that I attended deceased from	
6. DATE OF BIRTH (month, day, end yeer) December 7, 1874	I last saw h_1M_ alive on	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 6.245 Am.	
8. Trade, profession, or particular kind of work done, as SPINNER, Fireman	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance were as follows:	
kind of work done, as SPINNER, Fireman SAWYER, BOOKKEEPER, etc.  Industry or business in which Frederick Iron & work wes done, as SILK MILL, Steel Company SAW MILL, BANK, etc.  ID. bete decesed last worked at this occupation (month and 12/37 spent in this occupation (month and 12/37 spent in this occupation (State or country)	Other Contributory Causes of Importance:	
13. NAME JOSEPH HOULT  14. BIRTHPLACE (city or town) (Stete or country)	Neme of operation Dete of Whet test confirmed diegnosis? Wes there en eutopsy?	
# 15. MAIDEN NAME Bridge Judge	23. If death was due to external causes (VIOL ENCE) fill In also the following:	
15. MAIDEN NAME Bridge Judge J 16. BIRTHPLACE (city or town) Separary (Stete or country)	Accident, suicide, or homiside? Accident, Dete of Injury Acc 8, 1937. Where did injury occur?	
17. INFORMANT Mrs. M. J. Houff (Address) 215 E. Fifth St., Fred K, Md.	Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  Landus It	
18. BURIAL, OREMATION, OR REMOVAL Frederick Tomorial (Placelly, 1970) Placelly, 1970, 1970	Masner of Injury Cluthes complete func	
19. UNDERTAKER M. R. Etchison & Son (Address) Frederick, Maryland 20. FILED 9-Dec 1987 Dea 9, WE Condy	24. Wes disease or Injury in any way related to occupation of deceased? 1/10  Il so, specify Classification of deceased? 1/10  (Signed)	
Registrar.	(Address) tradericky Max	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUKE V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Market Seeki-single-seekis-seekis-suud			

hation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

V. S. No. 1

1	17	()	1	8
1	4	J	0	

1. PLACE OF DEATH	(30)
County Museus	Registration Dist. No. / 6 8
Village or City Januarulle (III	No. Regge Collage Acutarusest, Ward death occurred if a hospital or instightion, give its NAME instead of street and number)
2. FULL NAME Edith Marie Spwell	
(a) Residence: No. 10 (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  Level 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  12 2/ - ,193 7/ (Month) (Day) (Year)
5a. If married, widowed, or divorced	
(or) WIFE of Charles Engine Howell	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h
7. AGE Years   Months   Days   11 LESS than	to have occurred on the date stated above, at G. 20 Pr.m.
24 / 6   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, prolession, or particular kind ol work done, as SPINNER,	Date 11
SAWYER, BOOKKEEPER, etc.	acule dephrites 1937
kind ol work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et 11. Total time (years)	This death was not complicated by a
11. Total time (years) spent in this yeer)	Junferal Conditions Civila
110121	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Communication (State or country)	anuna, Manura Mana Dec. 11
	of Then I way while deliveres 1937
13. NAME Joseph Goward Richard	
13. NAME Josefe Howard Kieland  14. BIRTHPLACE (city or town) Modern Vocal  (State or country)	Neme ol operation
	What test confirmed diagnosis?
15. MAIOEN NAME Acc Hearth  16. BIRTHPLACE (city or town) - Green Line Land - Wed -	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) terrelies and Tude	Accident, suicide, or homicide?
(State or country)	Where did injury occur? The congression
17. INFORMANT & Eagles Squall (husband)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
p. Place Cumberland Made 12-33 1937	
1 · 0 - 1	Nature of Injury
19. UNDERTAKER Claus & leen &c.	24. Was disease or injury in any way related to occupation ol deceased?
(Addiess) Currebesland and	If so, specify
20. FILED 12-21 1937 Lucian K. Falconer	(Signed) Storge N. Jagge M. D.
Registrar.	(Address) A Standard Ted

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
11 V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

te A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	(P) (N2
	County Frederick	Within Corneration as Registration Dist. No. 13
tem of should of OCC	Village or City Trederick C. Land	Within Cornoration time Registration Dist. No. 1 Start and Ward
.,	()	death occurred in a hospital or institution, give is NAME instead of street and number)
NS ent	Length of rasidenca in city or town where death occurradyYs,mos.	ds. How tong in U.S. if ot toreign birth?
CIA E	2. FULL NAME Hazel Jacoba	If U. S. Veteran, specify WAR W Vetuan
PHYSICIANS out statement	(a) Residence: No an etto tille Ta	St., Ward. If nonresident give city or town and State.
REC. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E P	3. SEX 4. COLOR OR RACE Consider the word of the second of	21. DATE OF DEATH 29 193 7
ING NEN CTL ified.	5e. If married, widowed or divorced	(Month) (Day) (Year)
O V V SS	(or) WIFE of	22.   I HEREBY CERTIFY, That i attended deceased from
BINI EXA EXA clas	0 - 1 - 10 -	Dec 2 5 , 193 ), to Dec 2 9 , 193 )
E E E	6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Oays  If LESS than	t iest saw had alive on 195; death is said
FOR B. IS A PE stated E properly certificate	7. AGE Years Months Gays If LESS than 1 day,hrs.	to have occurred on the date stated abova, at 4.4.4.m.  The PRINCIPAL CAUSE OF DEATH and ralated causes of importence
FOR IS A stated proper	100000000000000000000000000000000000000	were as tollows:
- 70	8. Trada, profession, or particular kind of work done, as SPINNER, Housewefe SAWYER, BOOKKEEPER, etc.	Lew Centonitis
VE TTE	9 Industry or husiness in which	0 -
ERVI VK—T should it may n back	work was dona, as SILK MILL, SAW MILL, BANK, etc	Tel 10 aluni
8 4 5 5		
ARGIN RESTORMENT INTERPRETATION OF THE PROPERTY OF THE PROPERT	yaar) All Occupation occupation	Other Contributory Causes of importanca:
F-1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	t2. BIRTHPLACE (city or town). Dormania	A The state of the
ARGIN INFADI pplied. erms, so instruct	(State or country) West Virginia	My wed affecting -
	13. NAME James Digman	
Se n se	14. BIRTHPLACE (city or town) Blowney (State or country)	Name of operation Company Date of ADC L
E 6 6	(State of County)	What tast confirmed die hosis?
INLY, WI be carefu EATH in p	I	23. If death was dua to external causes (VIOLENCE) fill in also the following:
CA,	16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?
be EA'	man a to thet	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT MAN Service Saction (Address) South File Saction	Specity whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLA Should OF D	D. BURIAL, CREMATION, OR REMOVAL	Manner of injury
n s SE	Lovellaville Union Centre Dec, 31, 1937	Nature of injury
7736	Brown Brown	24. Was disease or injury in any wey related to occupation of daceased?
- TEGE	19. UNDERTAKER LOCALINA COMMENTALINA (Address) Lovello ville, Virainia	if so, specify
S. K.	100 000 30 Day Vy G C.	(Signed) M. Dunes M. D
× ż	20. FILED 30 Dec 1937 Was 7. 14 - Jundy Registrar	(Addrass) predout (his
	If more blanks are needed, address State Revieway	2477 N. Charlet Street Bellimore Requesting 9) S. No.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Chronic interstitial nephritis IAN 4 1938	1921	Run over by street car	1 week ago
Corebral hemorrhage	Julyő,1927	Perilonitis	3 days ago
The second secon			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registray.

(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

MARGIN RESERVED FOR BINDING

V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

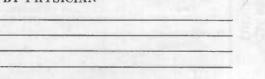
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Example I	1	Example II	135
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1938	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 1 V. 3. 1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



V. S. No.

	46-8	
	Registration Dist. No. 13	1
	No. Prederick Co. Emg. Hospit	e_w le
lf	death occurred in a hospital or institution, give its NAME instead of street and i	ward ward
	ds. How long In U.S. if of foreign birth?yrsm	
	If U. S. Veteran, specify WAR None	
	St., Ward.  If nonresident give city or town and	State
	MEDICAL CERTIFICATE OF DEATH	
	21. DATE OF DEATH	
	Dec. 20th. (Month) (Dey)	, 193 7 (Yeer)
	22.   HEREBY CERTIFY, That I ettended	deceased from
	Dec 7- 1937, 10 Dec 20	, 19.3>
	lest sew h = 12   elive on   22.2c 2C , 1937	; deeth is seid
	to heve occurred on the dete sleted above, at 7 a 15 Am.	
	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were es follows:	
_	were estollows.	Date of onset
	Carcinematir	
	Ceneral abdemon	
	Drimory conciona of liver custo	
1	Disastion: two years.	
	Other Contributory Causes of Importence:	
	Physician sour patient late in course of dise	200
-	Car Ma	Lacey
	ascitis	-
-	Neme of operation Dete of	
_	What test confirmed diegnosis? Wes there en a	utopsy?_\_
	23. If death wes due to external causes (VIOL ENCE) fill In eiso the foliowing	
	Accident, suicide, or homicide? Dete of Injury	, 19
	Where did Injury occur?	
	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, In HDME, or In PUBLIC PLA	e) ACE.
r	Menner of injury	
	Neture of Injury	
	24. Was disease or injury in any wey releted to occupation of deceased?	No
	If so, specify	
	(Signed) A Legurese taking	M. D.
	(Address) Secure Fred	with mel
_		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: AN 5 1938	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MANGIN INFORMATION FOR BINDING	-WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT R. RD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	ructions on back of certificate.
THE PROPERTY AND A PR	-WRITE PLANLY, WITH UNFADING INK-TH	mation should be carefully supplied. AGE should b	CAUSE OF DEATH in plain terms, so that it may b	TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12933
1. PLACE OF DEATH	
County Froderick	Registration Dist. No. 13(
Village or City Frederick Con	No. 21. St., Ward
	death occurred in a nospital or institution, give its NAME, instead of street and number)
2. FULL NAME Thomas Sylvester Lipps	If U. S. Veteran, specify WAR None
(a) Residence: No. 211 E. Fifth St	St. Ward.
(Usual place of abode)	· If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED. WIDOWED.	MEDICAL CERTIFICATE OF DEATH
male   4. COLOR OR RACE   5. SHOCLE, MARRIED, WIDOWED, OR DWORCED (write the word)   WILOWER	21. DATE OF DEATH December 22nd., 193  (Month) (Dey) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of Martha Poffinberger (or) WHFE-of Martha Poffinberger	22.   HEREBY CERTIFY, Thet I ettended deceased from
6. DATE OF BIRTH (month, dey, and yeer) Aug. 27, 1848	I lest saw h 1 m elive on Dec 22, 1937; deeth is said
7. AGE Yeers Months 0eys If LESS then 1 dey,hrs. ormin.	to have occurred on the date stated above, at 30 Am.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Trade, profession, or perticular kind of work done, as SPINNER, Watchman	Coronary Ochumon (2-16-)
SAWIER, BUUNNEEPER, BIC	Hyperternia Cardio
9. Industry or business in which work wes done, ses SILK MILL, Brush Factory SAW MILL, BANK, etc	Vascular Disease
11. Total time (yeers) 22 this occupation (month and 6/37 year)	
12. BIRTHPLACE (city or town) Frederick (Stote or country) Maryland	Other Contributory Causes of Importance:
13. NAME John A. C. Lipps	
14. BIRTHPLACE (city or town)—Germany	Neme of operation
15. MAIOEN NAME Cat erine Ritchie	23. If deeth wes due to externel causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Germany (Stete or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Wr. Wm. D. Linns, (Address) Frederick, 4d.,	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place It. Olivet Cem. Dete Dec. 24,19 37	Menner of Injury
19. UNOERTAKER M. R. Etchison & Son (Addiess) Frederick, Md.	24. Wes disease or injury In any wey related to occupation of deceased? 20
20. FILEO 22 - Dec, 1937 Isa J. Mc Gurdy Registrat.	(Signed) Frederick, Id. (Ash. M. D. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arleriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
JAN 5 1938				
Other contributory causes of importance; S.	May 1,1923	Other contributory causes of importance:  Gastroenteritis		
	111 dg 1,1525	dusa venter a to	1 year	

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tem of infor- should state of OCCUPA-		F DEATH Frederick				3	
Every iten CIANS sh ement of	Length of ras	ME Joseph W	death occurred	Long, M.	No. Pillton Ave. St.,  death occurred in a hospital or institution, give its NAME instead of street and  ds. How long in U.S. if of foraign birth? yrs. n  D. If U.S. Veteran, specify WAR None.	Nare number)	
CORD.	(a) Residen	nce: No. Fulton	(Usual place	e of abode)		l State	
RECC PExact		NAL AND STATIST	TICAL PART	fCULARS	MEDICAL CERTIFICATE OF DEATH		
LANT	male	4. COLOR OR RACE		RRIED, WIDOWED,  O (write the word)	21. DATE OF DEATH December 14th., (Month) (Day)	, 193 <sup>7</sup> (Yaar)	
MAN A C assifi	5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Daisey Hinea				22. I HEREBY CERTIFY, Thet I attended	deceased from	
FOR BIN IS A PERI stated EX properly cl		ars Months	ug. 19, Deys	1879 If LESS then 1 day,hrs.			
SERVED INK-THIS should be t it may be on back of	9. hadustry or work wa SAW MII	ession, or perticular work done, es SPINNER, M. t, BOOKKEEPER, etc business in which is dona, as SILK MILL, Ge LL, BANK, etc sed last worked at upetion (month and 12/	n Practi	ioner		Date of once	
MARGIN WENT UNFADIN efully supplied. A in plain terms, so fant. See instruction	12. BIRTHPLACE (ci (State or cou E 13. NAME J (State or cou E 14. BIRTHPLACE (State or E 15. MAIDEN NA E 16. BIRTHPLACE	ity or town) Nr • J intry) Mary ohn V • Long E (city or town) Jeff r country) Ma	effersor	1	Other Contributory Couses of Importance:  Cature and and 3 years  Name of operation	autopsy?g:	
N. B. WRITE I MINLY, CAUSE OF DEATH TION is very import		Talkersvill TION, OR REMOVAL Hope Cem.	ong e Md oodsbord bata Dec son & So Md		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PI  Menner of Injury  Nature of Injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)	ACE.  ACE.  M.	

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street ear July 5, 1927 Peritonitis  Other contributory causes of importance:

V. S. No. 1

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BCC	PF	xact	
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NE	CT	ified	
RMA	XA	class	
PE	d E	rly	cate.
IS A	state	rope	ertif
SII	be s	be 1	of c
-TH	plu	lay	ack
NK	shor	it m	on ba
VG INK-	AGE shor	that it m	ons on ba
ADING INK-	d. AGE shor	, so that it m	ructions on ba
INFADING INK-	pplied. AGE show	erms, so that it m	instructions on ba
IN UNFADING INK-	r supplied. AGE shot	ain terms, so that it m	See instructions on ba
WITH UNFADING INK-	sfully supplied. AGE short	n plain terms, so that it m	nt. See instructions on ba
LY, WITH UNFADING INK-	carefully supplied. AGE show	TH in plain terms, so that it m	oortant. See instructions on ba
AINLY, WITH UNFADING INK-	d be carefully supplied. AGE show	DEATH in plain terms, so that it m	important. See instructions on ba
PLAINLY, WITH UNFADING INK-	hould be carefully supplied. AGE show	OF DEATH in plain terms, so that it m	very important. See instructions on ba
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

12935

1. PLACE OF DEATH	OF MA	RYLAND	CERTIFICATE OF DEATH	V C C ()
County Frederick			Registration Dist. No. 147	
Village or City near Ha		le (I	NoSt.,St.,	Ward
2. FULL NAME Annie 1	Tirginia	Maisel		
(a) Residence: No. Mt. Ai	ry, Md.		St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATI	STICAL PAR	TICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE white	OR DIVOR	ARRIED, WIDOWED, ICED (write the word) ried	21. DATE OF DEATH December 14, 1937 (Month), (Oay)	, 193 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Ludwig J.	Maisel		22. 1 HEREBY CERTIFY, That 1 attended of May 19 33, to Dec. 14, 1	93%
6. DATE OF BIRTH (month, day, and year) Dec . 10 , 1854 7. AGE Yeers Months Days If LESS than 1 day,hrs.			to have occurred on the date stated above, at 9:05 a. m  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	; death is seid
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	housew		Arterio sclerosis Chr. Interstitisl Nephritis	Qate of onset
12. BIRTHPLACE (city or town) Mary I	and	nesupation .	Other Coutributory Causes of importance: Chr. Uremia Hypostatic Pneumonia	1936 12/12 37
13. NAME Jacob Forem 14. BIRTHPLACE (city or town) (Stete or country) Mary	land		Name of operation_NONE Date of What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME Martha 16. BIRTHPLACE (city or town) (State or country)  17. (NFORMANT Mr. Ludwig	yland		23. If deeth was due to external causes (VIOLENCE) fill in elso the following Accident, suicide, or homicide? Oete of injury Where did injury occur? (Specify city or town, county and State Specify whother injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	:, 19
(Address) Mt. Air  18. BURIAL, CREMATION, OR REMOVAL Plece LOCUST GROVE	y. Md.		Manner of injury	
19. UNDERTAKER (Address)	Walt infield	md	24. Wes disease or injury in eny way related to occupation of deceased?	10
20. FILED Sec 10, 1937 a	rolleyt	Moliacura.	(Signed) (Signed) Trabell (Address) MX Ding M	ØM. O.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 6

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	10.00	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AN 4 1938	July 5,1927	Peritonitis	3 days ago
BUREAU V. S	2 6		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

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FOR

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STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH County\_ Registration Dist. 0 (If do occurred in a hospital or institution, give its NAME instead of street and number How long in U.S. it of foreign birth? Length of residence In city or town where death occurred 2. FULL NAME If U. S. Veteran, specify WAR, (a) Residence: No. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of 22. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months II LESS than Days to have occurred on the date stated above, at 1 day, ....hrs. The PRINCIPAL CAUSE OF DEATH end related causes of Importance or \_\_\_\_ min. Date of onset 8. Trede, profession, or particular OCCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc ... back 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceasad last worked at 11. Total time (years) this occupation (month and spant in this occupetion \_\_\_\_\_ Other Contributory Causes of Importance: 12, BIRTHPLACE (city or town). (State or country) terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town Neme of operation. in plain (State or country) efully What test confirmed diagnosis?. MOTHER 15. MAIDEN NAME important 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? ..... Date of Injury ...... 19. CAUSE OF DEATH 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?\_\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. should 17. INFORMANT very (Address Manner of Injury mation Nature of Injury NCIL 24. Wes disease or Injury In any way releted to occupation of deceased? \_\_\_\_\_\_\_ 19. UNDERTAKER (Address) If so, specify .... (Address) \_\_\_\_\_ Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Chronic interstitial nephritis A 5 938	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

MARGIN RESERVED FOR BINDING

BITHM

20. FILEO DIC 15, 1937

CURPORATE LIMITS OF			
STATE OF MARYLAND-	-CERTIFICATE OF DEATH 12997		
1. PLACE OF DEATH	(5g) 1(1)		
county fre arrice	Registration Dist. No.		
Village or City / Drawsall	NoSt.,Ward		
	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds,		
2. FULL NAME merryman			
/21 TOLL NAME			
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Vear)		
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from		
6. DATE OF BIRTH (month, day, and year) Dec. 14, 1937	I last saw h un aliva on 12 4 , 1937; death is said		
7. AGE Years Months Days If LESS than 1 day 2 hrs	to have occurred on the data stated above, at 3m.		
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	Franchiva Birth		
SAW MILL, BANK, etc			
12. BIRTHPLACE (city or town) Brussensch (State or coughty)	Other Contributory Causes of Importance:		
	<u> </u>		
13. NAME COUNTY M. POOR YELL  14. BIRTHPLACE (city or town) (State or country)	Nama of operationOate of  What test confirmed diagnosis? Was there an autopsy?		
15. MAIOEN NAME ALLY C. MILLY  16. BIRTHPLACE (city or town)  (Stata or country)	23. If daath was due to external causes (VIOLENCE) fill in also tha following:  Accident, suicide, or homicide?		
17. INFORMANT Oleve Merrymu (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL  Place The vell Oate Dec 15, 19.3	Manner of injury		
19. UNOERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?		

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Registrar.

(Signed)

(Address) Barrens

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E	xample I	manus out	Example II	
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	JAN 4 1938	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes  Gallstones	of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

item of infor-	should state	of OCCUPA-	
A PERMANENT RECORD. Every i	ted EXACTLY. PHYSICIANS	perly classified. Exact statement	ificate.
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County_Fred-erick	Registration Dist. No. 134
Village or City Tom's Creek	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Catherine Isadore Mor (a) Residence: No. Tom's Creek (Usual place of abode)	St, Ward.  No veterm St, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Hemale White Married  Table Married	21. DATE OF DEATH  Dec /7 , 193 7 (Year)
(or) WIFE of Roy Mort	22. I HEREBY CERTIFY. That I attended deceased from Tulunum, 1937, to Dec. 17, 1937.
6. DATE OF BIRTH (month, day, and yeer) Aug. 3rd. 1895 7. AGE Years Months Days If LESS than 1 day,hrs. orhrs.	to heve occurred on the date stated above, at
kind of work done, as SPINNER, House-wife SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, OWN 10. Dete deceased last worked at this occupation (month end, year)  11. Total time (years) spent in this occupation 20	Other Contributory Causes of Importances Defendances
12. BIRTHPLACE (city or town) Gettysburg (State or country) Pa	Offocarde Coffaciona Spis
13. NAME Edward Riffle 14. BIRTHPLACE (city or town) Gettysburg. (State or country) Pa.	Name of operation of forestary forestary bate of What test confirmed diagnosis lumit defect. Was there an autopsy? We
15. MAIDEN NAME Emma Linn 16. BIRTHPLACE (city or town) Emmitsburg (State or country) Md	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Roy Mort.  (Address) Emmitsburg. MD  18. BURIAL, CREMATION, OR REMOVAL	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.  Manner of injury
Place Keysvalle. Date Dec. 20th.3  19. UNDERTAKER M. L. Creager & Son. (Address) Thurmont.  20. FILED Dec. 18, 19.37 MeF. South	Nature of injury  24. Was disease or injury if any way related to occupation of deceased?  If so, specify  (Signed Maller A Maller M. D.  (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merehants and wholesale merehants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
	4		
Other contributory causes of importance:		Other contributory causes of importance:	2-201
Gallstones	May 1,1923	Gastroenteritis	1 year
		1	

WRITE PI

1. PLACE	OF DEATH				CERTIFICATE OF DEATH
County	F	rederic	k,		Registration Dist. N
Length of	residence In city or		occurred1	um, ind (16 yrs. 10 mos	ND.  death occurred in a hospital or institution, give its NAME instead  28 ds. How long in U.S. if of foreign birth?y  If U.S. Veteran, specify WAR
		720 S.		v. St.	St., Ward. Baltimore, 1 If nonresident give city
PERSO	DNAL AND	STATISTICA	L PARTIC	ULARS	MEDICAL CERTIFICATE OF
3. SEX Femal		. 0		IED, WIDOWED, (write the word) 10	21. DATE OF DEATH  Deg 1  (Month)
HUSBAND o (or) WIFE o		d yeer)  Months	Feb. 1 Days 27	4 1919  If LESS than 1 day,hrs.	22. I HEREBY CERTIFY, Tha  Jan. 13 19 36 to De  I last saw h. er alive on Dec. 11  to have occurred on the date stated above, at 12.15 m  The PRINCIPAL CAUSE OF DEATH end related ceuses of imp
9. Industry work SAW	ofession, or participo work done, as S YER, BDDKKEEPER, or business in whi was done, as SILK MILL, BANK, etc eased last worked ccupation (month)	PINNER, SietcSi	ll. Total tin		Pulmonary Tuberculosis  Dther Contributory Causes of importance:
12. BIRTHPLACE (State or	(city or town) country)	M	arylan	d.	
	Johr ACE (city or town) e or country)	Nuedli.	ng arvlar	nd .	Name of operation
监 15. MAIDEN	NAME I	lizabet			23. If death was due to external causes (VIDL ENCE) fill in also
16, BIRTHPL	ACE (city or town) e or country)		arylar	nđ	Accident, suicide, or homicide? Date of  Where did injury occur? (Specify city or town, c Specify whether injury occurred In INDUSTRY, in HDME, or
(Address)	MATION, OR REMO	ltimore	, Md.		Manner of injury
	M	L.Creag	ef		24. Was disease or injury in any way releted to occupation of

M.L.Creager Thurmont, Ad.

12999

(23)	1.	2/	
	Registratio	n Dist. No.	139
Nn			St.,Ward
ND. eath occurred in a hospital or inst	itution, give its NA!	ME instead of str	eet and number)
28. ds. How long in U.S. i	f of foreign birth?	yrs	ds
If U. S. Vetera	n, specify WAR_		
St., Ward.	Baltimo	re, Mar	yland:
MEDICAL	CERTIFICAT		
21. DATE OF DEATH			may in
(a) = 1	Dec. (Month)	11 (Day)	, 193_7 (Year)
22. I HEREE	YCERTI	FY. That I a	ittended deceesed from
Jan. 13	19 36to	Dec.	11 19 37
I last saw her_ alive on	Dec.	11	19. 3.7. death Is sai
to have occurred on the date st	- 9 ()	.15 P.	M.
The PRINCIPAL CAUSE OF DE	4	uses of importar	nce
were as follows:			Date of onse
The 3	- h		0-+
Pulmonary Ti	TherenTo	\$15	Oct.
			1935-
Other Contributory Causes of in	nportance:		
Name of operationn!	one	Pos Sp	ate of
What test confirmed diagnos	nest X-R		
23. If death was due to external	causes (VIDL ENCE)	fill in also the	following:
Accident, suicide, or homicide?		_ Date of injury	/, 19
Where did injury occur?			
Specify whether injury occurred	(Specify city	or town, county	and State)
apassey mount injury occurre			/ Elloci
Manner of injury			
Nature of injury			
24. Was disease or injury in an	way releted to occ	upation of decea	ased?no
If so, specify		1	1-12
(Signed) Allua	W W	Tap	
(Address) A Las	esama	Lorus	in ma

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JAN 6 1939	July 5,1927	Perilonilis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(H-E)
County Fre derick	Registration Dist. No. 138
Village or City New Market,	No. St. Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)  s. 2. 9. ds. How long in U.S. if of foreign birth?
2. FULL NAME Albert Cleam	
(a) Residence: ND. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sec 4, 193 7 (Month) (Day) (Year)
HUSBAND of Or divorced Oracle	22. I HEREBY CERTIFY That I attended deceased from
5. DATE OF BIRTH (month, day, and year) aug 35 /86/	Harsawh in alive on Now 15 1937; death is said
A. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
76 9 29 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc.  1. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  1. Date decessed last worked at this occupation (month and year)	Wellaid Sarcoma of the Data of the liver.  Trimory bain Frobably was of the liver.  The was very much emaciated.
12. BIRTHPLACE (city or town) Maryland:	Other Contributory Causes Of importance that Reftrict 1935
13. NAME George Oram.	
(State or country) waryland	Name of operation
15. MAIDEN NAME Minerical Lones.	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Waryland (State or country)	Accident, suicide, or homicide?
7. INFORMANT alice avan: (Address) new market und.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVALY NEW Market Golored' Date Dec. 6, 1937	Manner of injury
19. UNDERTAKER W. E. Falcongr (Address) new Mark of Md	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Dec 6 , 1937 Lucian K. Falsconer	(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V.S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.-The month and year the deccased last worked at the occupation.

11.-The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employce," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example II		
causes Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	
	1915 1921 July 5, 1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	<b>PHYSICIAN</b>
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MARGIN RESERVED FOR BINDING

V. S. No. 1

state	1. PLACE OF DEATH	——— 9390
onld OCCI	County Frederick	Registration Dist. No. 136
of of	1	NoSt.,Waldeath occurred in a hospital or institution, give its NAME instead of street and number)
rsicians	000.	ds. How long in U.S. if of foreign birth?yrsmosd
ICI Tell	2. FULL NAME SUSAMU & Collin	
	(a) Residence: Np. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
A C T Jassified	Sa. If married, widowed, or divorced HUSBAND of	22 I HEREBY CERTIF That I attended deceased from
	(or) WIFE of William C. Colhans	1937 to De 1 1931
E X C C C C C C C C C C C C C C C C C C	6. DATE OF BIRTH (month, day, and year)	lest saw h alive on De 10 1931; death is s
100 400	7. AGE Cabact Years 6 Months Days If LESS than	to have occurred on the date stated above, et 11.364m.
stated properl	leuthour 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance werens follows:
•	8 Trade profession or particular	Date of onse
be pe of	SAWYER, BODKKEEPER, etc. Stownservely	Mine Vyoeardity
ould may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	(\
S sh t it on	10. Date daceased last worked at this occupation (month and 935) spent in this occupation year)	J
AGE that ions o	. 6 60 610	Other Contributory Causes of Importance:
l. so	12. BIRTHPLACE (city or town) (State or country)	Querles Oldema
pplied. AGI erms, so tha instructions	13. NAME Unknown	A STATE OF THE STA
2 H 2	<b>T</b>	Name of operation Date of
-= co	[State or country]	What test confirmed diagnosis? Was there an autopsy?
carefully TH in pla	15. MAIDEN NAME Sarknown	23. If death was due to external causes (VIOLENCE) fill in also the following:
be carefu EATH in i	16. BIRTHPLACE (city or town) Lankurer (State or country)	Accident, suicide, or homicide? Date of injury, 19
be cal EATH import	(State or country)	Where did Injury occur?
POP	17. INFORMANT Asses of Vallant (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
shou E OF	18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
	Place Ayar kill Non Date 1 d. 19 1	Natura of injury :
mation CAUSI TION	19. UNDERTAKER Hellon I Dundell	24. Was disease or Injury in any way related to occupation of deceased?
	(Address) type the love had	If so, specify
	20. FILED Deel 1,1937 Gradueting	(Signed) M.
	Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car  Peritonitis	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GSAISOSA	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE F	OR FUR	THER ST	ATEMENTS	BI	PHYSICIAN	

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13002
1. PLACE OF DEATH	(59) W.
county fre dentes "	Registration Dist. No. 131
Village or City Ine desich 300	No. I rederick City to sected Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
2. FULL NAME Vancon Mrs Core	If U. S. Veteran, specify WAR Work
(a) Residence: Np. Prumo wich, Jue d. K. Can	St., Ward. Brunswick, ml
(Usual place of abode) Md	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR ON BACE OR. DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
(or) WIFE of John Saugh	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Of 23 1880	I last saw her alive on Dec. 12 1927; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, atm.
3 7 / / 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Di clotes Melliture years
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	Coma.
this occupation (month and Dec 1937 spent in this 10	
12 DIDTIDI ACT (situat town) Md	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Bronch - Preumona 3 da
13. NAME A W. Walking	P
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation
	What test confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis? Westhere an autopsy? NO
I Tours of the	23. If death wes due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT John Sayer (Address) Francis	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL, Response 18 1987	Manner of injury
19. UNDERTAKER C. N. 7 mly som	Nature of Injury
(Address) Brunnel Fred	If so, specify
20. FILED 14 Dec , 1937 Ina Mischary Registrar.	(Signed) A. Matter Deary M. D.  (Address) Tudensi, M.S.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAL	N

V. S. No. 1

should state	of OCCUPA-	
Y. PHYSICIANS	Exact statement	
ed EXACTL	erly classified.	ficate.
ould be stat	may be proj	back of certi
lied. AGE sh	ms, so that it	istructions on
carefully supp	'H in plain ter	ortant. See ir
ion should be	USE OF DEAT	TION is very important. See instructions on back of certificate.
	ion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13003
1. PLACE OF DEATH	(131)
County TREDERICK	Registration Dist. No. 13.5
Village or City MYRRSVILLE (Outside)	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME JOHN SCHROYER	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married widowed or divorced	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of PLLAD, SCHROYER	22. I HEREBY CERTIFY. That I attended deceased from and 25, 1937, to Dec. 9, 1937.
6. DATE OF BIRTH (month, day, and year) JUNE 15, 18 73	I last saw him alive on Dec 9 , 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at _ 6 m.
64 5 Ale 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Beneraly Contenional 1931
9. Industry or business in which	du to a teriorcherin 12/1/27
SAW MILL, BANK, atc	Chronic neflection 1931
12. BIRTHPLACE (city or town) MY ERSYILLE 1 MD (State or country)	Other Contributory Causes of importance:
I 13. NAME LEWIS SCHROYER	
14. BIRTHPLACE (city or town) MYERSYILLE, MId. (State or country)	Name of operation
15. MAIDEN NAME DELILA PRYOR	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) MY ERS VILLE MID  (State or country)	Accident, suicide, or homicide?
17. INFORMANT John Schroyer. (Address) Middletown Mid-	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL MYCYSYCH Date 12/14, 1937	Manner of injury
19. UNDERTAKER Gladiill C. (Address) Middle town Mid-	24. Was disease or injury in any way related to occupation of deceased? 26
20. FILED LOCK, 14, 1937 Charles L. Liatherma. Registrar.	(Signed) Prehand 14 Todd M.D.  (Address) 200 Olaton 200

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 3	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA
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	County Handinglans	Registration Dist. No. / 4/
	Village or City Brunswick	No. 505 Gad a. St., Wa
1	(If Length of residence in city, or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?rrs
2	FULL NAME Hattie Louise Schul	If U.S. Veteran specify WAR
	(a) Residence: No. 505 East a	St., Ward.
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. S		21. DATE OF DEATH
	OR DIVORCED (write he word)	Vecamber /2 , 193 7 (Month) (Day) (Year)
5e.	If married, widowed or divorced HUSBANO of	22 A FAHEREBY CERTIFY. That I attended deceased from
_	(or) WIFE of Forney Schully	6 9 1 187 to 1 50 12 12 193
_	DATE OF BIRTH (month, dey, and lear) June 3, 4880	t lest saw have alive on Dec 5 1937; death is st
7. A	AGE Years Month's Days If LESS than I day,hrs.	to have occurred on the date stated above, at /O+29.5m.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance
_ [	8. Trade, profession, or particular	were as follows:
0	ANYER, BOOKKEEPER, etc	@ Cotrio- Nelmars 1926
CCUPATION	9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	D Cheric Myccordition 1936
200	10. Data deceased lest worked at this occupation (month end yeer) 11. Total time (years) spant in this 42 occupation 42	Delivire nephritis 1934
_	yeer) January 1101 occupation 12	Other Contributory Causes of importance:
12.	(State or country)	a) Wital Turultion 1034
E E	13. NAME arthur Lewis	The state of the s
AIHER	14. BIRTHPLACE (city or town) Cluberous	Name of operation. WML Date of
-	(State or country) Maryland	What test confirmed diegnosis Was there an autopsy?
HEK	15. MAIDEN NAME Sarah Cross	23. If death was due to external causes (VtOLENCE) filf in also the following:
MO	16. BIRTHPLACE (city or town) (State or country) Wisk Va.	Accident, suicide, or homicide?
17.	INFORMANT Mr. Forney Schults	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
12	BURIAL CREMATION, OR REMOVAL	
10.	Place Bolivar, West Va. Date Dec. 14, 1937	Manner of injury
10	UNDERTAKER V. I. Cachles	24. Was disease or injury in eny way related to occupation of deceased?
13.	(Address) Bolivas West Va.	If so, specify
	FILEO DIC 13 1937 Elizabeth 12. West	(Signed) (Signed) (Signed) (Signed) (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.

TION is very important. See instructions on back of certificate.

V. S. No. 1

#### STATE OF MARYLAND—CERTIFICATE OF DEATH

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1. PLACE OF DEATH		107-01	
County FREDERICK	*****************************	Registration Dist. No. 13	8
Village or Cityhn. Mouro.  Length of residence in city or town where	(1	No. St.,  If death occurred in a horpital or institution, give its NAME instead of street and num  s. ds. How long in U.S. if of foreign birth? yrs. mos.	
2. FULL NAME Joseful	h William &	st. Ward.	
(a) Nesidence. No.2	(Usual place of abode)	If nonresident give city or town and St.	ate
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDDWED, OR D.VORCED (surite the word)	21. DATE OF DEATH 2/ (Month) (Day)	193 7 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)	12 1937	22. SI HEREBY CERTIFY, That I attended dec	ceased from
7. AGE Years Months  (8. Trade profession or particular	Days If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at 12:30 4 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	11. Total tima (years) spont in this occupation	Browcho pneumonia o	1937 Dec 9 1937
13. NAME Joseph W. S.  14. BIRTHPLACE (city or town) - War  (State or country) War	mith.	Name of operation Date of What test confirmed diagnosis? Clusted Was there an auro	opsy? Ha
15. MAIDEN NAME & dunal 16. BIRTHPLACE (city or town) Was (Stata or country) Was 17. INFORMANT & dunal (Address) Maria (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Prespect	yland. Swith MotHFR a Md.	23. If death was due to extarnal causes (VIDLENCE) fill In also the following:  Accident, suicide, or homicide?	
19. UNDERTAKER WE, Tale (Address) New Mo 20. FILED Dec 21, 1927 Luce	ians K. Faleouer.	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  (Address)  Were Market	nd. M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis JAN 4 1938	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Barry of transference of the second	=		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUI	THER STATEMENTS	BY	PHYSICIAN
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pation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

certificate.

TION is very important. See instructions on back of

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SERVED	INK-THIS
JAKGIN KESEKVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
	PLAINLY,
-	WRITE

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13006
1. PLACE OF DEATH	
County Frederick	Registration Dist. No. 144
Village or City Catua Land	NoSt,Ward
Length of residence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Bernard Vance Stack	house
(a) Residence: No. Calaborate (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Fear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Described to - 1911	I last saw h Malive on 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4 180 m
26 4 21 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Burned to death
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	in burning hulding
10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Parming and	Other Coutributory Causes of importance:
(State or country)  13. NAME Samuel & Starkhouse	
14. BIRTHPLACE (city or town) (State or country)	Name of operation. Page of Was there an autopsy? 200
15. MAIDEN NAME Emma C Shaller	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? Was there are autopsy? Was there are autopsy?
16. BIRTHPLACE (city or town) (State or country)	Accident, swicide, or homicide! Date of Injury 12/27, 19.3.
17. INFORMANT Samuel & Starfelows.	Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Burnin fruitding Mil
Place Leveler Date Date 29 , 1937	Nature of Injury Burned
19. UNDERTAKER Wellhide & Greeger (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Dell, 27, 1987 Anna M. Jones	(Signed) Morris al Surey M.D.  (Address) Thurmohit Mil M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	1915 1921 Vuly 5,1927	1915 Attack of epilepsy 1921 Run over by street car Vuly 5,1927 Peritonitis  Other contributory causes of importance:

V. S. No. 1

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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-CNFADING INK.-THIS IS A PERMANENT RECORD. Every item of infor-TION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH

1. PLACE OF DEATH  County Frederick  Village or City Frederic  Length of residence In city or town where  2. FULL NAME  (a) Residence: No.	death occurrad	(If	Registration Dist. No. 131  No. Frederick City Spitalst, Ward death occurred in a horpital or institution, give its NAME instead of street and number)  18 ds. How long in U.S. if of foreign birth? yrs. mos. ds.  19 If U. S. Veteran, specify WAR  11 popposident give city or town and State
PERSONAL AND STATIST  3. SEX   4. COLOR OR RACE   Male   White	S. SINGLE, MAR	CULARS RIED, WIDOWEDY D (write the word)	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of  6. DATE OF BIRTH (month, day, and year) De  7. AGE Years Months	cember 2	22, 1928  If LESS than 1 day,hrs. ormin.	22. I HEREBY CERTIFY, That I attended deceased from  1
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	ublickSo	Chool ime (years) ntin this 3 upation 3	Other Contributory Causes of Importance:
13. NAME Walter A. St.  14. BIRTHPLACE (city or town)	ryland ine ryland		Name of operation Oate of What test confirmed diagnosis? Classical Stock Was there an autopsy?
16. BIRTHPLACE (city or town)  (Stete or country)  17. INFORMANT  Address)  18. BIRTHPLACE (city or town)  (Stete or country)  19. BIRTHPLACE (city or town)  (Stete or country)  19. BIRTHPLACE (city or town)  (Stete or country)  19. BIRTHPLACE (city or town)	Maryla	ind	23. If death was due to externel causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, EREMATION, OR REMOVAL Lu- place Middletown, Mc  19. UNDERTAKER M. R. Etch: (Address) Frederick,  20. FILEO 13 - Dec., 1937 June	ison & S Marylan	Son id Gudy Registral	Manner of Injury  Nature of Injury  24. Wes diseasa or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  Address  A

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RUNEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

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Registration Dist.  Registration Dist.  Registration Dist.  Registration Dist.	ead of street and n	umber)
If U. S. Veteran, specify WAR	we	
Ward.  If nonresident give of	city or town and	State
MEDICAL CERTIFICATE OF	DEATH	
E OF DEATH Accorder (Month)	(Dey)	193 (Yeer)
I HEREBY CERTIFY, 1	7-	, 19.8, 2
urred on the dete stated above, et_&AM IPAL CAUSE OF DEATH and related causes of I llows:	.m.	
nows:		Date of onset
arcinoma of Stor		M27.17-193
ributery Causes of Importance:		
eration		
onfirmed diegnosis?		
wes due to external causes (VIDL ENCE) fill in a	-	
uicide, or homicide?		
ether Injury occurred in INDUSTRY, In HDME, o		
injury		
njury		
ase or injury in any way related to occupation	of deceased?	No
1) Hanny Fifehenda	sseet?	M. D
(Address) 3011 Marghat 8h		

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
B 44 4 1 V. S	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CATSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	94-6,
county Salleners	Within Corpora Registration Dist. No. 2/3/
Village or City Dylunch	No. Mulliuch lite Hashite st Ward
Length of residence In city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Bertie Man Styl	1 If U. S. Veteran, specify WAR 10 reterans
(a) Residence: No. Willy J. Dural Town M. (a) Residence: No. Willy J. Co. (Usual place of abode) (O)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. STNOLE, MARRIED, WHOWED, OR DIVORCED (write the word) MARVEL	21. DATE OF DEATH JOE 14 TV 193 7 (Yeer)
Ge. If married, widowed, or divorced	AND THE REPORT OF THE PROPERTY
(or) WIFE of Joseph Anny Slyly	22. I HEREBY CERTIFY, That I attended deceased from  9/0/10/1937, to 9/6/14/1937
6. DATE OF BIRTH (month, day, and year) Way 5- 1878	I last saw hea alive on of 10 14 th 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at 12
59 7 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, House-wyl	Date of onset
SAWYER, BOOKKEEPER, etc	00 Wow 137 37
work was done, as SILK MILL, SAW MILL, BANK, etc.	/////
Solver in this occupation and the second sec	
00 , 00 0	Other Contributory Causes of importance:
(State or country)	Sharm Layyny following
I 13. NAME Michael Humbert	Silvating 40 yorter 1936
13. NAME MUNCH HUMBER  14. BIRTHPLACE (city or town) Para II W M	Name of operation
(State of country)	What test confirmed diegnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Bornell Cu	23. If death was due to external causes (VIOLENCE) fill in also the following:
Sale or country)	Accident, suicide, or homicide? Date of injury, 19  Where did injury occur?
17. INFORMANT Joseph Huny Styly, (Address) Joseph Huny Styly	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREATION, OR REMOVAL	Manner of Injury
Place Party Date 7 C / M 1937	Nature of Injury
19, UNDERTAKER JOHN ATTURA PO	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED / 4 Dec 1937 Ina & We Curry	(Signed) A. M. Berner M. D.
ZO, FILED 1.3. Registrar.	(Address) Janly Town Md
If more blanks are needed, address State Registrar.	2411 N. Charles Street Baltimore Requesting 71 S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis = 1028	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUNEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

TION is very important. See instructions on back of certificate.

extion should be carefully supplied. AGE should be extist of DEATH in plain terms, so that it may be

-WRITE PLAINLY, WITH

V. S. No. 1

1. P	LACE OF	DEA	ГН			93-0		
(	CountyF	red	rick			Registration Dist. No. 144		
1	Village or Ci	tyE	lansonv	ille		NoStW	ard	
			ty or town where		58 yrs. II mos	f death occurred in a hospital or institution, give its NAME instead of street and number)	_ds.	
2. F	ULL NAM	ME	rederi	ck J	Stull	If U. S. Veteran, specify WAR NO.		
	(a) Residence			onville		St., Ward.		
				(Usual place		If nonresident give city or town and State		
	PERSON			ICAL PARTI		MEDICAL CERTIFICATE OF DEATH		
3. SEX			R OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	Dec. 28th. 103 7	,	
	Male		hite	Marr	1 ed	(Month) (Day) (Year	)	
HU	arried, widows SBAND of ) WIFE of			Washt on		22. I HEREBY CERTIFY, That I attended deceased	from	
	7 2 01	ע	aisy	Wachter		1922 26 ,1937, to Dec 39, 194	3.7	
6. DATE	OF BIRTH (	month, day	y, and year) J	an. II	th. I879	I last saw h allva on dec 292, 1937; death is	said	
7. AGE	Year	18	Months	Oays	If LESS than	to have occurred on the date stated above, at 7; I5Pn		
		58	TT	17	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were profollows:	meet	
Z 8.	Trade, profes	sion, or pa	articular			Chronic my ocarditis 193	- martin	
E 3			as SPINNER, PER, etc	armer	•			
kind of work done, as SPINNER, FARMER SAWYER, BOOKKEEPER, etc. FARMER  Industry or business In which work was done, as SILK MILL, OWN FARM SAW MILL, BANK, atc. 11. Total time (years)  In Date deceased last worked at this occupation (month and a second in this second in the second in the second in this second in the second in			own F	arm				
U 10.				11. Total t	lme (years)			
0	this occup	ation (mo	rked at nth and NOV.	3.7 spe	nt in this 33			
12 RIPT	THPLACE (city	v or town)	Hanso	nville.		Other Coatributory Causes of importance:		
	(State or coun				VID			
œ 13.	NAME ]	Edw.	J. Stu	11				
14.	RIRTHPI ACE	(city or to	wn Lew	istown.		Name of operation. Date of		
F	(State or		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		WD .	What tast confirmed diagnosis?  Was there an autopsy?		
15. 16.	MAIOEN NAM	ME LU	cretia	Oland		23. If daath was due to external causes (VIOLENCE) fill In also tha following:		
H 16.	BIRTHPLACE	(city or to	wn Rock	ville.		Accidant, suicida, or homicide? Date of Injury, 19		
State or country)				MD	Where did injury occur?			
17. INFO	DRMANT L	irs	Daisy	Stull.		(Specify city or town, county and State) Spacify whethar injury occurrad In INDUSTRY, In HOME, or In PUBLIC PLACE.		
	(Addrass)	Fre	derick	Md R	F.D			
	IAL, CREMATI			Dee	7+ 70	Mannar of Injury		
	Placa _ U. IJG	14. L. S.	BATTIE"	Date_D_GC.	3I19.3.7	- Nature of injury		
19. UNO	DERTAKER	M .	L. Crea	ger & S	on.	24. Was disaase or injury In any way related to occupation of deceased?		
(Address) Thurmont. MD				MD	1	If so, spacify		
20. FILE	o Elec.	30	1937 Uss	na M.	Jones!	(Signed)	M. D.	
				1	Registrar.	(Addrass)		

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis - LIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitiat nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JAN 4 1938	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

For authors	ADDITIONAL SPACE	 ATEMENTS BY I	PHYSICIAN Mot Tiles	I under
Kline, 3/10	138. B.		0	
	/			
			•	

-WRIT

V. S. No. 1

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	-	(23)	
County Frederic	k,	Registration Dist. No	39
Village or City State Sa	natorium, Md.	ND. St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where death	(If occurredvrs3mos	death occurred in a hospital or institution, give its NAME instead of street and	number)
		ske, If U. S. Veteran, specify WAR	
	n, Prince Geo		
	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH  Dec. 12  (Month) (Day)	, 193.7 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna	T Teske.	22.   HEREBY CERT1FY, That I attended	
6. DATE OF BIRTH (month, day, and year) NOV	8 1886		7. death is said
7. AGE Years Months	Days   If LESS than	to have occurred on the date stated above, at 12, 20 mA . M .	,
51 1	4   1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at	east-Maker	Pulmonary Tuberculosis	Jan. 1937
this occupation (menth and 193'	ce George Co.	Dther Contributory Causes of importance:	
E 13. NAME Charles To			
14. BIRTHPLACE (city or town) (State or country)  Germa		Name of operation none Pos Sputiting	no
~	Kalbunde.	What test confirmed diagnosis thest X-Ray Was there an	
16. BIRTHPLACE (city or town).  (State or country) Germs		23. If death was due to external causes (VIOL ENCE) fill In also the followin  Accident, sulcide, or homicide?	
(Address) Berwyn M(	illiam Teske i.	(Specify city or town, county and Sta Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	te) .ACE.
18. BURIAL, CREMATION, OR REMOVAL	pte Dec.14 ,1937	Manner of Injury	
19. UNDERTAKER Warnes	E. Pumphrey Spring Md.	24. Was disease or injury In any way related to occupation of deceased?	no
20. FILED	Registrar.	(Signed) State Sanatonin  (Address) State Sanatonin  2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. 'Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	**************************************	Example II		
of importance were as		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	11/1	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JAN 6 1999	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
		1			

		. 3
		-1
	8	

nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

V. S. No. 1

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	U	U	1	2

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13012
1. PLACE OF DEATH	
County Frederick	Registration Dist. No/34
Village or City Budgefort	NoSt.,Ward
Length of residence In city or town where death occurred / Syrs	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Wellaw as of Vo	lentin hating
	The source
(a) Residence: No. Supplemental (a) Residence: No. Supplementa	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH /2 193 7
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF Mary Jane Smith	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 27-1861	I last saw harmalive on Dec 8 1957 : death is said
7. AGE Years / Months / Deys   If LESS than	to have occurred on the date stated above, et/LLV-fem.
76 4 //5 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Farmer SAWYER, BOOKKEEPER, etc.	Date or onset
SAWYER, BOOKKEEPER, etc.	arters + clarons 3
kind of work done, as SPINNER, farm sawyer, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, farm saw of the saw MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month end file 37 11. Total time (years) spent in this	
year) occupation	Other Contributary Causes of Importance:
12. BIRTHPLACE (city or town) Tocky Tides	Other Coadsbatary Causes of Importance.
(State or country)	Cerebral hemorrhage Die
13. NAME COLOR COUNTY TO THE STATE OF THE ST	0 193)
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Raul m V	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Carrier and Market	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL WHILE A 14 - 5 -	Manner of injury
Place Actin Management Date, 193	Nature of injury
19. UNDERTAKER MANUALLY CAMPAGE (Address)	24. Was disease or injury in any way related to occupation of deceased?
to an in the following	(Signed) Claude Weller A.M.D.
20. FILED DEC 3, 193 June 19 Street Legistrar.	(Address) Deloug mi

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 4	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

WRITE

V. S. No. 1 ż TION is very important. See instructions on back of certificate.

	CERTIFICATE OF DEATH 13013
1. PLACE OF DEATH  County Frederick  Village of Only Frederick (Outside)	Registration Dist. No. 131
	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. If of foreign birth?yrsmosds,
2. FULL NAME Isriael Edward Veirtz  (a) Residence: No. + Ledence Q J W H	If U. S. Veteran, specify WAR None St., Ward.  If nonresident give gity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE male white  5. Single Marked, Widowed, OR Divorced (write the word) Widower	21. DATE OF DEATH  Dec, 17th, , , 193 7  (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WHE of Ann S. Barger	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	i last saw h allve on lee 1992; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at 4 - 15P.m.  The PRINCIPAL CAUSE OF DEATH and registed causes of Importance
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc 9. Industry or business in which work was dona, as SILK MILL, Farmer SAW MILL, BANK, etc 10. Date decaased last worked at this occupation (month and year).	Allower Schemm 1931 Pheol Kemnyd 644
12. BIRTHPLACE (city or town) Frederick, Co.  (State or country) Lary Land	Other Contributory Causes of Importance:
13. NAME William Veirtz	
13. NAME William Veirtz  14. BIRTHPLACE (city or town). MAXIMANX (State or country) Virginia	Name of operation Dete of Was there an autopsy?
15. MAIDEN NAME Catherine Butler Virginia (State or country)	23. If death was due to external causas (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Mrs. Claude T. Compher (Address) Frederick, Md. R. D. # 4	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Middletown, Md. Place Litheran Cem Data Dec. 20, 19 37	Menner of Injury
19. UNDERTAKER M. R. Etchison & Son (Address) Prederick, Md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 20- Dec, 1982 Ina & Mª Sundy	(Signed) M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	0.0	Example II	~ *
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 5 1938	July 5, 1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	County	referres	+		Registration Dist. No.	121
	Village or C	ity Frede	rice		No. hederleget Hos by	War
1		dence in city or town when	e death occurred		death occurred in a hospital or institution, give its NAME instead of street.  ds. How long In U.S. If of foreign birth? yrs.	et and number)
1	. FULL NAI	1	2 E.	mass.	2 1	
-	(a) Residen	~ ~ ~	F 50	2 - pre	St. Ward.	
	(a) Nesidell	rederices	5 Wsuppolace	of abode)	If nonresident give city or tow	vn and State
		AL AND STATIS	TICALIPART	ICULARS	MEDICAL CERTIFICATE OF DEA	ГН
3.5	Emale	4. COLOR OR RACE		RRIED, WIDOWED,	21. DATE OF DEATH  (Month)  (Day)	, 193 -7
5e.	If married, widow HUSBAND of	ed, or divorced	-			(1001)
	(or) WIFE of				22, I HEREBY CERTIFY, That I ett	
6 1	DATE OF RIRTH (	month, day, and year	ebx 17	-1875	I last saw h & alive on 1 5 c	
	AGE Yea	rs Months	Days	If LESS than	to heve occurred on the date stated above, at	, , , , , , , , , , , , , , , , , , , ,
	6:	2 3	0	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	1
z	8. Trede, profes	sion, or particular	24 e		A	Date of one
TION		ork done, as SPINNER, BDDKKEEPER, etc.	Tricex	seper	Shelestonal.	
UPA	9. Industry or I	business in which done, as SILK MILL, L, BANK, etc			vistrustia	DEC.
OCCUPA	10. Dete decease this occup		/2 m   spe	time (years) ent in this 42 %		
12.	BIRTHPLACE (cit		roll t	0.	Other Contributory Causes of importence:	
ER	13. NAME	gnatin	o Tran	field	Settle and some of Last and	1936
FATHER	14. BIRTHPLACE		roll	Co,	Name of operation Det	e of
- 1	(State or		md.	1	What test confirmed diagnosis? Was the	re an autopsy?
OTHER	15. MAIDEN NA	NE ma	y Tro	her	23. If death wes due to external causes (VIDLENCE) fill in also the fo	
2	16. BIRTHPLACE (Stete or		any		Accident, suicide, or homicide? Date of injury	19
-	INFORMANT	Carlos)	ranfre	el	Where did injury occur?	nd State) IC PLACE.
18.	(Address) BURIAL,-GREMAT	ION OR REMOVAL	Fooder	le ma		
	Plece MT.	oliver Con	- Date July	20,1934	Neture of injury	
19.	UNDERTAKER (Address)	6.8.60	ine ?	Hon!	24. Wes disease or injury in any way releted to occupation of decease If so, specify	diho
					I II SU, SPECISY	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

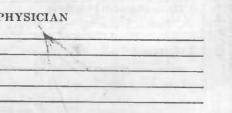
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	



PHYSICIANS should state Exact statement of OCCUPA.

stated EXACTLY. properly classified.

AGE should be

of certificate.

See instructions on back

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

V. S. No. 1 N. B.

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-16		1.2	- 1	P .
-1	3	1	3.	9
86				

1. PLACE OF DEATH	<u> </u>
County Trederick	Registration Dist. No. 144
Village or City Lewes town	NoSt., Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long In U.S. if of foreign birth?yrsmosds.
STALR 1	1 - 1 - W + +
2. FULL NAME Ouls Born Olugar	- Jenishin Miller
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Mala ( OR DIVORCED ( write tha word)	morto dec 1" 1027
5a. If married, Didowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
(01) 11112 01	Dec 6ª 1989
6. DATE OF BIRTH (month, day, and year)	I last saw h death is said
7. AGE Years Months Days If tess than	to have occurred on the date states about the man m.
O I day, Ghrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work dona, as SPINNER.  SAWYER, BOOKKEEPER, etc.	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc  10. Date deceased last worked at 11. Total time (years)	Tremaline Sep Gralion
SAW MILL, BANK, atc.	Vot do -
Spaint III this	I placenta
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Lewes lown Mul	
(State or country)	-
14. BIRTHPLACE (city or town) Boesing Budge med	
4. BIRTHPLACE (city or town) (Rocky Rudge and	Name of operation Oate of
1 (State of country)	What test confirmed diagnosis? Was there an autopsy? Ww
16. BIRTHPLACE (city or town), Lesves four n	23. If death was due to axtarnal causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Lesure form.	Accident, suicide, or homicide?Oate of injury19
∑ (State or country)	Whare did injury occur?
17. INFORMANT & P Wastler	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Lewer bown Mid.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place of more own //d. Date of the ./ 19.5	Nature of injury
19. UNDERTAKER Laskayette P. Wastler Lather	24. Was disease or injury in any way related to occupation of deceasad?
(Addiass) Lewistown Ma.	If so, spacify Add
20 EUED Dec. 1 1037 Anna M. Jones	(Signad Horris Os Breek 1. M.D.
20. FILED Registrar.	(Addrass) Thursday Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish-carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonilis	3 days ago
1		
4 - 11-11	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:

V. S. No. 1

### WITHIN CORPORATE LIMITS OF STATE OF MADVI AND CEDTIFICATE OF DEATH

1	County	4 reden	ek ,	\$2.0	Registration Dist. No.	14/
	Village or C		sville	(If death occurred in a horpital or institution		
	Length of residence Length	dence in city or town where		mosds. How long In U.S. if		
1		ce: No.		St., Ward.		110=140-110110000
-			(Usual place of abode)		If nonresident give city or town	
-	SEX	4. COLOR OR RACE	ICAL PARTICULARS  5. SINGLE, MARRIED, WIOOWED		CERTIFICATE OF DEAT	Н
	Femile	W	OR DIVORCED (write the word		(Month) (Oay)	, 193 (Year
5a.	If married, widow HUSBANO of (or) WIFE of	James C	. Wetnight	22. I HEREB	Y CERTIFY That I atter	nded deceased
6	DATE OF BIRTH (	month, day, and yeer) ${\cal M}$	ov. 13, 186%	I lest saw h. A.L. alive on	6000 - 1	death is
7.	AGE Yea		Oays If LESS tha			
_	70		9 1 day,	The PRINCIPAL CAUSE OF DEA	ATH end related causes of Importance	Date of
NO	8. Trade, profes	ssion, or particular ork done, es SPINNER, BOOKKEEPER, etc	House Wife			
ATI	9. Industry or	business in which		auhal	Hen	12/3
OCCUPATION		done, as SILK MILL, L, BANK, etced lest worked et	11. Total time (years)			
ŏ	this occur	ation (month and 19	spant in this occupation			
12	BIRTHPLACE (cit	M C	red and	Other Contributory Canses of Im	portance:	
14.	(State or cour			- Elwase	lesons	2
TER	13. NAME	ohn Sas	ednje			
FATHER	14. BIRTHPLACE		nd.	Name of operation	Conc Oate	of
_	(State or	1	Beckerland		Was there	
THER			med.		auses (VIOLENCE) fill in also the foll	
MOT		(city or town) country)	1-11	Where did injury occur?		_
17.	. INFORMANT	Burketsmile	Welnight	Specify whether injury occurred	(Specify city or town, county and In INOUSTRY, In HOME, or In PUBLI	C PLACE.
18.	BURIAL, CREMAT	TON, OR REMOVAL	middletown mo	Manner of injury Nature of injury		
19.	UNOERTAKER (Address)	H. Frete	and son		way related to occupation of decease	70
20	FILEO DIC	23 1937 Ele	sabelle H. lose	(Signed)		9

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Name of the second	
Other contributory causes of importance:	13	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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NFADING INK-	plied. AGE should	rms, so that it may	instructions on back
UNFADING INK-	supplied. AGE should	n terms, so that it may	see instructions on back
THE UNFADING INK-	illy supplied. AGE should	plain terms, so that it may	See instructions on back
, WIT UNFADING INK-	refully supplied. AGE should	in plain terms, so that it may	tant. See instructions on back
LY, WIT UNFADING INK-	e carefully supplied. AGE should	ATH in plain terms, so that it may	portant. See instructions on back
LY, WIT UNFADING INK-	d be carefully supplied. AGE should	DEATH in plain terms, so that it may	r important. See instructions on back
PLY LY, WIT UNFADING INK-	hould be carefully supplied. AGE should	OF DEATH in plain terms, so that it may	very important. See instructions on back
TE PLA LY, WIT UNFADING INK-1	n should be carefully supplied. AGE should	SE OF DEATH in plain terms, so that it may	is very important. See instructions on back
WRITE PLACEY, WITH UNFADING INK-THIS IS A PERMANENT RESEARCH. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	OF MARYLAND—	-CERTIFICATE OF DEATH
County Frederick	Milh.	Registration Dist. No. 131
Village or City Frederic	3k	No. 129 West Patrick St., Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where		sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Willie I (a) Residence: No. 129 Wes		If U. S. Veteran, specify WAR St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF CEATTION CON 193
5a. If married, widowed, or divorced HUSBAND of (or) WHFE of Emma Hawki	ins	22. I HEREBY CERTIFY, Thet Lattended decessed from
6. DATE OF BIRTH (month, day, end year)	Sept. 28.1869	last sew has a live on les
7. AGE Years Months 69 2.	Days if LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. kade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Store Clerk  Lewel Store  1. Totel time (years) spent in this occupation  ytoru	Handle State 1983  Handle State 1984  Other Contributory Cluses of importance:
1 0 171	itmore	-
14. BIRTHPLACE (city or town) Lib (Stete or country) Mary	erty town yland	Name of operation Dete of Whet test confirmed diegnosis? Wes there en eutopsy?
To DIKTHE LACE (City of town)	a F. Gitting erty four yland wa white hed www.few 4, Deter Lee 26, 19 37	23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following:  Accident, suitate, or hemiside?  Where did Injury occur?  (Specify city or town, collect, and State)  Specify whether Injury occurred In INDUSTRY, in HOMS, or in PUBLIC PLACE.  Manner of Injury  Neture of injury
19. UNDERTAKER C. E. Cline	& Son	24. Wes disease or injury In any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Signed) \_\_

(Address) \_6

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Example I			Example II	
of importance were		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	mi wie vie DI	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 5 1938 11	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		1		1

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

dation should be carefully supplied.

WRITE PLAIN

V. S. No. 1 B Exact statement of OCCUPA.

STATE OF MARVI AND—	CERTIFICATE OF DEATH	X
	CERTIFICATE OF DEATH	
1. PLACE OF DEATH The dough	98-0	
County	Registration Dist. No.	-
Village or City fudluck	ND. Sold March Benly St., Ward	d
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?	S.
2. FULL NAME Velva W. Wiler 3		
(a) Residence: No. 3 22 M. Benty.		-
(a) Residence: No. O The Color (Usual place of abode)	St., Ward.  If nonresident give city or town and State	-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARKIED, WIDOWED, OR DIVORCED (wrig the word)	21. DATE OF DEATH plec. 30 1937	
5a. If merried, widowed, or divorced	(Month) (Day) (Year)	
HUSBAND of Cor) WIFE of Unburbun	22. I HEREBY CERTIFY, Thet I attended deceased from Luce. 28 19.57 to 19.37	
6. DATE OF BIRTH (month, day, and year) October 31-1856.	, 13-2-1	
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than	to have occurred on the date stated above, at 9 a m.	u
C/ 2   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular	were as follows:  Date of onset	
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	The state of the s	10
9. Industry or business in which 4		-
work was done, as SILK MILL, A or was self-		-
O 10. Died deceased last worked at this occupation (month and 17.3.5. spent in this occupation 2.3.5.		
your) Coccupation 29	Other Centributery Causes of importance:	
12. BIRTHPLACE (city or town) Manual Co.  (State or country) Manual	allud Telerones Tep	0
A The state of the		
13. NAME James W. Wieddle.  14. BIRTHPLACE (city or town) Fuclerick  (State or country)		-
14. BIRTHPLACE (city or town) Fullence (State or country) Markland.	Name of operation	
	What test confirmed diagnosis? Was there an autopsy?	-0
15. MAIDEN NAME Sofia J. Colliflower,  16. BIRTHPLACE (city or town) Fuederick Appl.	23. If death wes due to external causes (VIOLENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town)  State or country)  Wassland.	Accident, suicide, or homicide? Date of injury, 19	
(State of County)	Where did Injury occur? (Specify city or town, county and State)	-
17. INFORMANT Saymond W. Wells	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	-
18. BURIAL, CREMATION, OR REMARKET, Comp. The Rends Co.	Manage of Inform	-
Place Charlisvelle Church Date Jan. 2 1938	Manner of injury	
19. UNDERTAKER Compad fuzual Home	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Fuelliek md.	If so, specify	
20. FILED 31-Nec , 1937 Ira 1 1 = curay	(Signed) M.	D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.